Frequently Asked Questions – REWIND FOR PROFESSIONALS

Please note: if you can't find your question below. Then please don't hesitate to contact Xyla Health and Wellbeing on rewind@xylahealth.com

Alternatively, you can join our MS team drop-in sessions every Wednesday anytime between 12-1pm by clicking this link here

The FAQs below have been broken down into four key areas:

1. General - questions 1-15
2. Referral - 15- 21
3. Deprescribing 22-23
4. Monitoring 24+

General

1. What is the REWIND programme and what does it offer?

REWIND (REduction in Weight with INtensive Dietary support) is a 12 month weight loss programme for people with type 2 diabetes. It is based on the DiRECT study, where 46% of patients achieved remission at the end of 1 year following intervention and 36% remained in remission after 2 years. (more info here).

2. What is the inclusion criteria

- People with Type 2 diabetes (diagnosed in the last 12 years)
- Aged over 18 years of age and registered with a NWL GP,
- Patients need to not be on insulin, pregnant or planning a pregnancy.

To see the detailed inclusion and exclusion criteria, please see page three entitled Detailed Referral Pathway, within the REWIND protocol on the website.

3. What will be my responsibility as a GP or HCP be?

The responsibility of the GP/relevant HCP's will be to refer, de-prescribe and monitor the patient. Full details are in the referrers guide here.

4. What are the incentives for GPs/HCPs for participating in the NWL Type 2 Diabetes REWIND programme?

A phased payment of **£58.67** (over the 12 months period) will be given for patients requiring de-prescribing management (i.e. those on DPP-4, SGLT-2 or GLP-2 medication) and covers the monitoring of patients during the intensive lifestyle change programme including monitoring of blood pressure, HbA1c at 3, 6 and 12 months and any requirements to restart medications. This is only available once per patient.

The payment schedule has been adjusted to front load payment and includes allowance for the fact that not all patients who are referred will start the programme.

£8.00 per patient starting the programme (covering search, identification and referral).
£30.41 per patient for De-prescribing and commencement of REWIND Programme, which all happen together- needs code of programme start and which pathway the patient has entered?).
£10.13 at 3 months (KPI is that **90%** of patients need to have had BP, HbA1c and BMI done at 12 +/- 4 weeks).
£10.13 at 12 months (KPI is that 80% of patients need to have had BP, HbA1c and BMI done at 6 months +/- 6 weeks and 12 months +/- 6 weeks). Patients also need to be coded as having finished. (either completed or not completed)

5. What are the patient benefits?

- Reducing medication burden; reducing risk of diabetes complications through improvements in HbA1c, blood pressure and lipid profiles
- Reduction in weight of service-user – we have seen an average of 11KG weight loss at 12 weeks.
- Reducing risk of obesity related disease
- Increasing physical activity of service-users
- Promoting peer-to-peer support

Here is a quote from a recent graduate:

"The programme has provided me with a really clear framework for change. It's not always easy, but I am seeing the results in my health in terms of weight loss, blood pressure and blood sugar readings. I am seeing broader changes in my life too: I am fitter, more enrgetic and sleep better. I feel more confident and in control." TDR patient Annette.

6. What are the options offered in the REWIND programme?

There are two options for the programme, a very low-calorie option with total diet replacement (TDR) and a low carbohydrate option. Both options are explored in further detail on the website here

7. What are the cost implications of the lifestyle intervention?

On the VLCD pathway, patients will self-fund nutritionally complete total diet replacement (TDR) products from Nualtra at **£2.25per day** for 4 shakes or soups (less than the cost of meals for most patients). Patients will be given a discount code and will purchase online or over the phone. Self-funding of VLCD products has already been tested in Tower Hamlets and was found to be acceptable.

We have also found funding for 488 people to receive funded subsidies for the shakes or soups. Referrers will need to ensure that patients meet eligibility criteria and tick the box on their referral form. Full details of the criteria and protocol are on the know diabetes website.

8. Are the Total diet replacements vegetarian, vegan, Halal and/or Kosher?

All TDR products (shakes and soups) are both Halal and Kosher approved and meet European Standards for Nutritional supplements. All of the shakes are suitable for vegetarians, however some of the soup flavours are not. Vegan options will need to be

purchased from a different provider to Nualtra and patients will be supported by the REWIND team (Xyla Healthcare) to do this.

9. Have patients complained about being hungry and when do you reintroduce food?

Individuals have reported feeling hungry in the first few days, however not beyond that. Healthy balanced meals are re-introduced over a period of 6-8 weeks. This is balanced with increasing physical activity. It is recommended for TDR that those on the programme who weren't previously exercising should not do anything new and those who were to continue exercising but with guided support.

10. IS REWIND offered in other languages?

Currently individuals who speak the following languages can be supported: English, Arabic, Hindi, Urdu, Punjabi and Polish. For a group to run in a different language there needs to be a minimum of 15 referrals for any language.

Please note that whilst all verbal communication can be offered in another language, all written communication will be in English. The REWIND home page on the Know Diabetes can, however, be translated into many different langauges via the Browsealoud feature.

11. What are the KPIS for Primary care

All KPIS can be found in the REWIND protocol and Clinical template on the Know Diabetes website.

12. What is the impact of a diabetes REWIND code?

Type 2 diabetes remission is coded using the following clinical codes: **C10P1** (EMIS)**, Xaagf** (SystmOne) or **703138006** (SNOMED CT).

Coding type 2 diabetes remission will have no effect on QOF or other contractual payments; patients will remain on the retinal screening recall system and should continue to be monitored in primary care on at least an annual basis.

IMPORTANT: Patients should never have their main diabetes diagnosis code removed, even if they ask for insurance purposes. This ensures that they remain in the recall system as remission may relapse with time or if patients regain weight.

13. What outcomes are we measuring?

- Mean weight loss in participating patients
- % of patients achieving weight loss ≥ 5, 10 or 15 kg
- % of patients achieving complete remission*
- % of patients coming off medication and associated savings
- Hospital activity for patients on the programme compared with those not engaged

**When a person with confirmed type 2 diabetes has achieved all three of the following criteria:*

- *Weight loss (5-10%)*
- *Fasting plasma glucose or HbA1c below the WHO diagnostic threshold (<7mmol/l or <48mmol/mol, respectively) on two occasions separated by at least 6 months*
- *The attainment of these glycaemic parameters following the complete cessation of all glucose-lowering therapies*

14. What were the results from your pilot?

From our pilot we saw an average 12Kg drop in weight after 30 weeks and a drop of 18mmol/mol in HbA1c at 12 weeks. The dropout rate of the pilot was less than 10% once the Service User had started and there was a 60% uptake from BAME populations, which matches the NWL average for diagnosed diabetes.

15. Is support given to the patient once the programme ends?

Once the programme ends, patients will be asked to register to the Know Diabetes Service through which they have access to a wealth of information to support their health and wellbeing, including personalised email campaigns on diet and lifestyle.

Referral

16. How can I refer my patients to the REWIND programme?

You can find all the information you need in our short guide for referrers here or on the Know Diabetes Website for referrers.

17. How do I engage patients to join the REWIND programme and encourage participation?

Once you have run your S1/EMIS search to identify the eligible cohort of patients at your practice, we have provided a sample SMS message for you to invite patients. There is also a consultation checklist to discuss the programme within the referrers pack.

Lastly, we would advocate asking your patients to sign up on Know Diabetes website Rewind Page, where they will receive emails and an invite to a MS teams webinar to ask further questions about REWIND.

18. Who can refer? I work as a HCA can I do the referral?

Anyone who is managing patients care can refer as long as you have had some discussions with the patient about the programme. The de-prescribing will need to be carried out by anyone who is a clinical prescriber.

19. How quickly are practices notified once a patient has been accpeted onto the programme?

Practices will be notified 2 days after the assessment.

20. How long does it take for the patient to be contacted once a referral has been made?

Xyla Health and Wellbeing will contact the patient within 2-3 weeks after referral. The initial assessment will be 1 hour with Xyla Health and Wellbeing. Please remind patients to expect a voicemail from an 0333 number within the following 2 weeks.

21. What support will I need to provide once I have referred a patient?

Once your patient has been enrolled onto the REWIND service you are required to contact the patient, issue a glucometer and stop repeat medication on your patient clinical system according to guidelines and arrange initial reviews at weeks one and two and at one, two and three months.

Deprescribing

22. Is it safe for patients to stop all medication (de-prescribing)?

There is now good evidence from clinical trials that stopping medication at the start of the remission programme is safe and it can be an additional motivation to keep going with lifestyle changes. There are guidelines by our Clinical reference Group and the NHSE VLCD advisory panel on how and when to stop medications prior to starting the programme. See REWIND –de-prescribing guidelines

GPs will be following the de-prescribing guidelines for the VLCD pathway which were developed for the DiRECT clinical trial (and now being adopted by NHSE), and for the low carb approach, those recently published in the British Journal of General Practice.

In most cases, this involves stopping all diabetes medication on day 1 of the intervention (with the option of staying on metformin).

These prescribing guidelines will be made available to primary care clinicians, and regular webinar and training sessions will be support primary care teams with information on remission pathways (in primary care and elsewhere) and safe de-prescribing protocols. Primary care will be expected to support the de-prescribing and a fee is being arranged for this purpose.

23. Can we do de-prescribing by telephone or needs to be done in person?
All prescribing management can be done by phone and it can be done by anyone with a prescribing qualification (e.g. suitably qualified nurse or practice-based pharmacist)

Monitoring

24. How are patients in REWIND monitored?
Progress of Blood pressure and blood glucose monitoring will be monitored at least at week **1, 2, 4 and 8** then at **3, 6** and **12** months including HbA1c, blood pressure and weight.

25. Does the Practice buy the Glucometers to give out or will these be provided to?

The practice will need to provide the glucose monitors and strips for the programme.

26. Have patients experienced any side effects from the TDR?

Reported side effects include constipation, headaches and feeling cold. Patients are all warned of these before starting the programme and have reported that these pass after a few days. All risks and side effects are communicated with individuals during the assessment. An additonal side effect is social isolation. It is worth noting that the programme is not an easy option however it is clearly very effective and it is the support given to patients that makes it successful.