**Guidance and process protocol**

***Total Dietary Replacement subsidisation offer***

In line with the changed criteria for the delivery of the NW London REWIND programme it has been agreed that subsidised total dietary replacement (TDR) will be offered to a proportion of eligible low income patients. The subsidy includes rescue packs where identified as required.

Based on current finance planning it has been calculated that subsidised TDR can be offered to 488 participating patients across NW London for the period of January 2021 – April 2023.

Given the extended implementation period, and to reduce the risk of over-subscription before year one end, 50% of the available allocation will be released in February 2021, in line with the implementation of the expanded service eligibility criteria.

A date for the release of the remaining allocations has yet to be determined but will form part of ongoing quarterly service reviews.

***Eligibility criteria***

The identification of eligible patients will be completed by the referring health professional. Essential criteria and additional supporting guidance for this has been provided by the NW London Diabetes Transformation programme (NWL DTP) and is as follows:

|  |  |
| --- | --- |
| Essential Criterion | Suggested/recommended but not essential |
| The patient is in receipt of Universal Credit benefits. | Does the patient fall into one of the health inequality categories who are at most risk of experiencing difficulty accessing the REWIND programme? (see appendix 1 below) |

***sTDR allocation and review***

There is a recognition that the agreed funding is unlikely to provide subsidised TDR for all eligible NW London patients. Therefore, an initial allocation system by CCG and practice has been agreed as the fairest and most appropriate attribution methodology taking into consideration relevant health inequalities information and guidance (see appendices below).



The quarterly service reviews will be used to identify if and where there may be unused TDR subsidisation allocations. This will be undertaken to ensure maximum uptake and ensure as many eligible people with diabetes as possible are offered the opportunity to engage with the programme.

If at this time an individual GP practice has not used their allocation the NW London DTP will work with the relevant CCG to review and consider reallocation to areas with increased uptake/greater use.

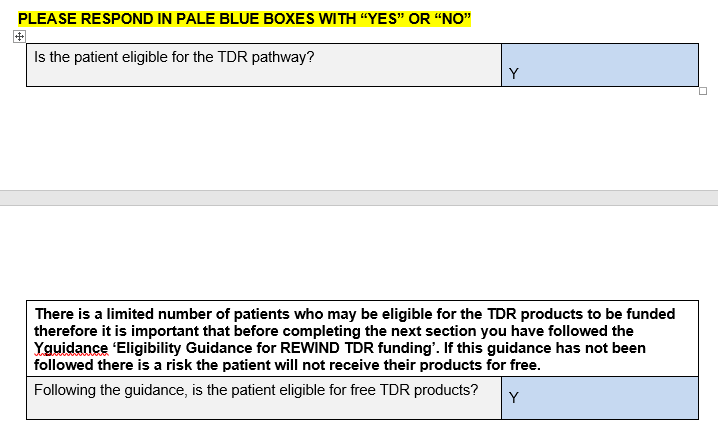
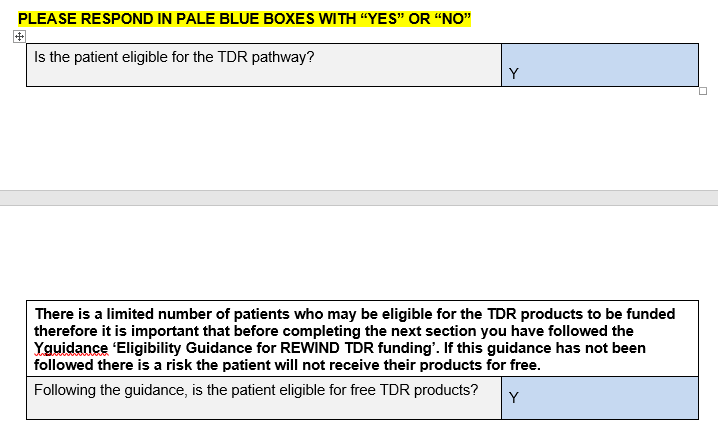
Quarterly reviews will also be used to further understand demand across the NW London footprint and will inform next steps re: potential opportunities for additional funding (as indicated).

***Roles and responsibilities***

Primary Care GP practices

It is the responsibility of the individual GP practice to:

* identify eligible patients to refer to the REWIND programme on the subsidised TDR pathway
* complete the referral form section to confirm that the patient is on a TDR subsidised pathway (image below)



* ensure that local TDR subsidisation allocation is not exceeded – information on allocation and usage will be made available in the first instance on the NW London Diabetes Transformation Programme Know Diabetes digital platform. This information will also be made available on the REWIND MS Teams channel once this platform has become operational.

XYLA Health and Wellbeing – formerly UKICS (the provider)

* XYLA will maintain an operational oversight of referrals on the TDR subsidised pathway and will notify individual practices if a patient has been referred onto this pathway, and where the allocation has been used (see appendix 2 for message content).
* XYLA **will not** alert individual practices to when their final allocation has been referred against and it remains the responsibility of the practice/nominated lead to monitor this.

NW London Diabetes Transformation Programme

To minimise the potential for patients who are referred to the REWIND programme for subsidised TDR to be rejected and likely negative impact this will have, the NW London DTP will:

* work with XYLA to ensure data on referrals on the TDR subsidised pathway are captured and shared at relevant operational group meetings. These are currently held on a weekly basis, however may be subject to change in the future.
* work with XYLA to ensure that the that information on allocation usage available on the Know Diabetes and MS Teams platforms is maintained and kept up to date.

CCG leads/attendees at REWIND operational meetings

CCG leads/operational attendees are asked to:

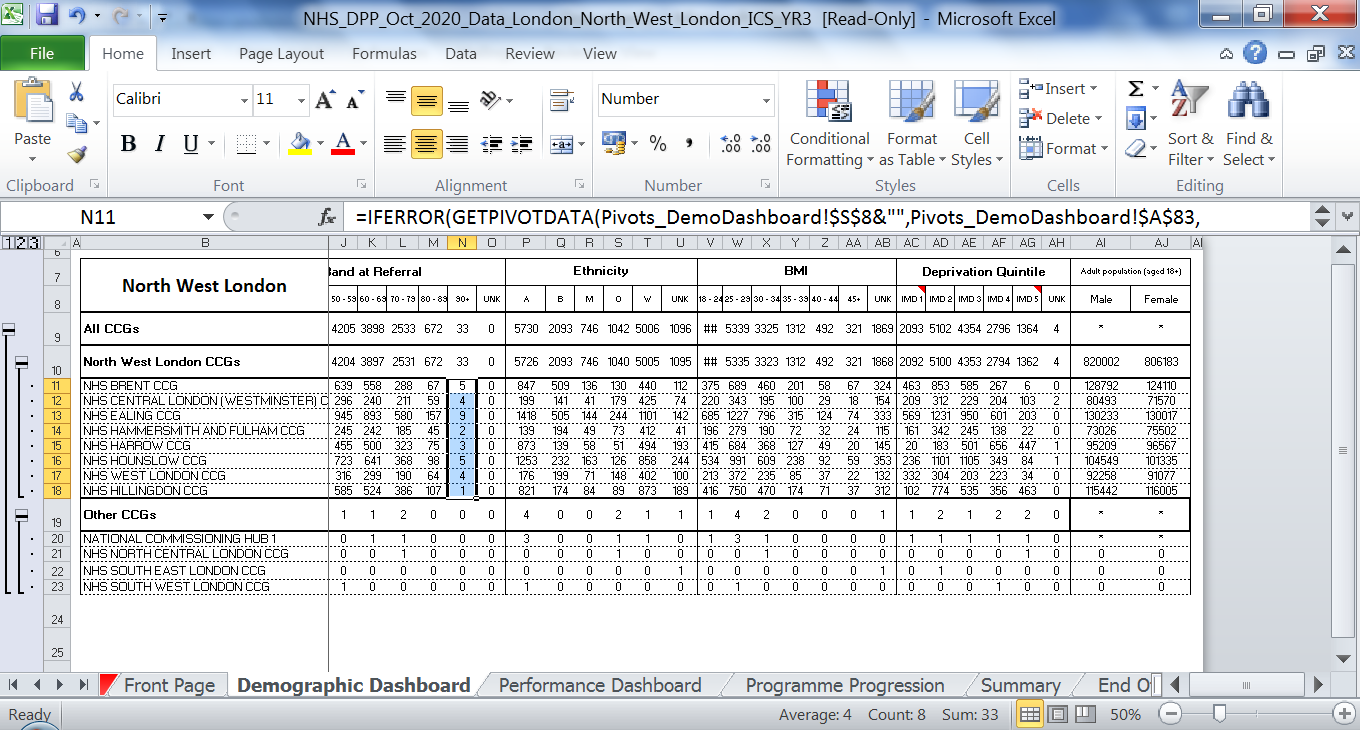
* ensure regular attendance at relevant REWIND operational meetings
* act as a conduit between the provider, the NW London DTP and individual GP practices regarding the subsidised TDR pathway and allocation

**Appendices**

**1). Guidance and health inequalities mapping data to support CCG attribution decision-making**

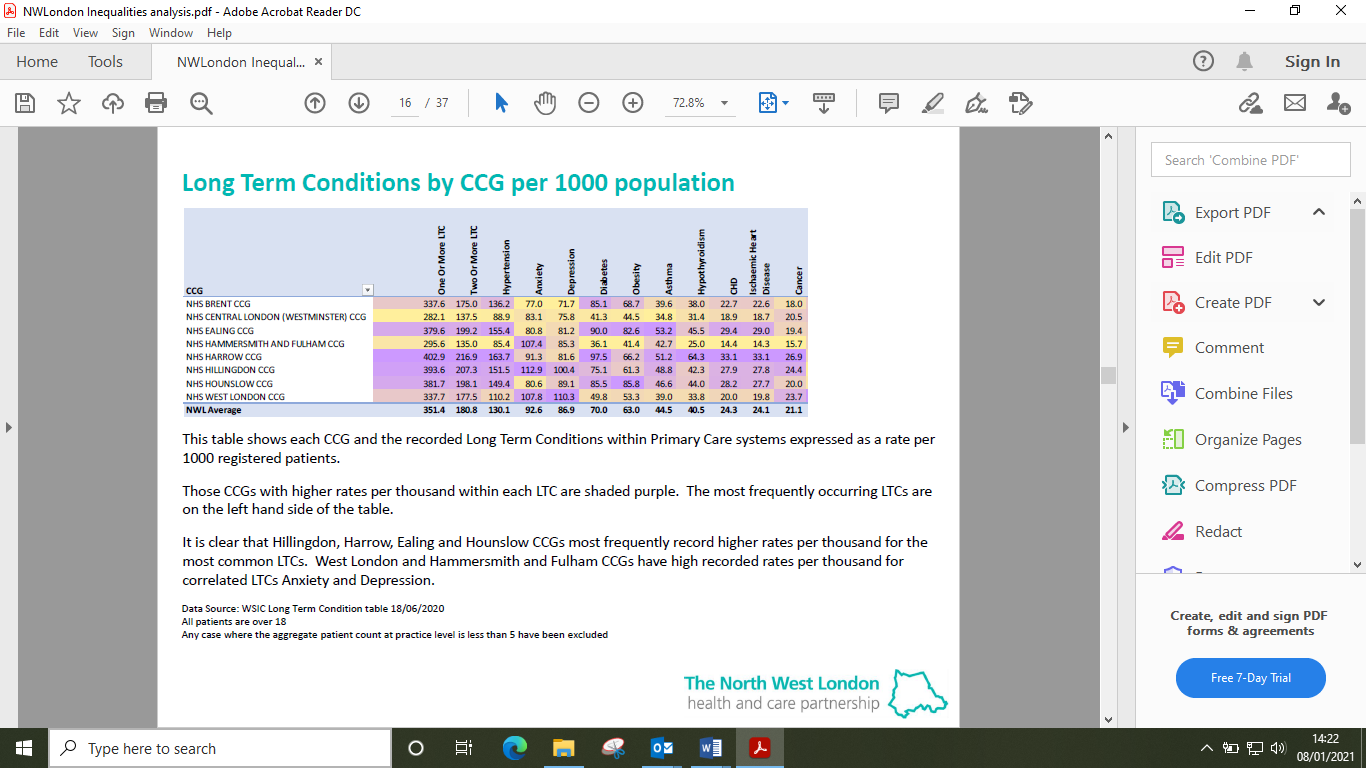
***a). Table 1: NWL CSU Packs on demographics – October 2020 (Latest)***

***Source: SCW CSU Sep 2020 NWL Data***



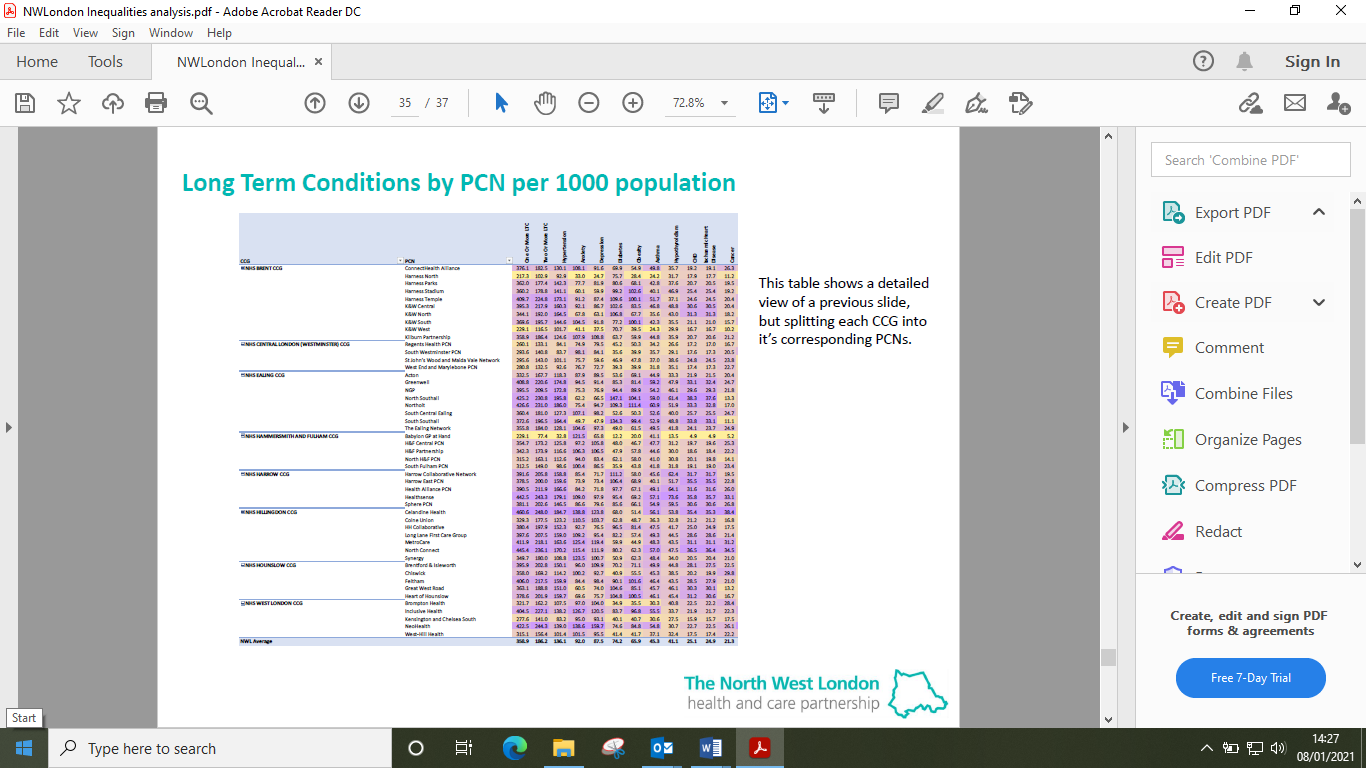
***b). Table 2: Long Term Conditions by CCG (per 1000 population)***

***Source: July 2020, Imperial College Healthcare NHS Trust and NWL CCGs July***



***c). Table 3: Long Term Conditions by CCG and PCNs (per 1000 population)***

***Source: July 2020, Imperial College Healthcare NHS Trust and NWL CCGs July***



***d). Spreadsheet 1: Deprivation by NW London GP practice***

***Source: National Diabetes Audit data***



**2. Email content from provider to GP practice in the event of a referral for sTDR being completed when the local allocation has been used**

“Dear…..

Thank you for referring….into the REWIND programme. You have indicated that….is eligible for subsidised total dietary replacement (sTDR), however I am sorry to inform you that your practice has now used its allocation for this and we cannot process the referral.

Can you please review this referral with your patient and let us know if:

* The patient is willing to pay for the total dietary replacement
* The patient in unable to pay for sTDR, but is willing to consider the low carbohydrate pathway

We will place this referral on hold for…weeks, at which point we will discharge the referral if we have not heard back from you.

If you have any further queries re: your sTDR allocation, please speak with your local CCG lead.”