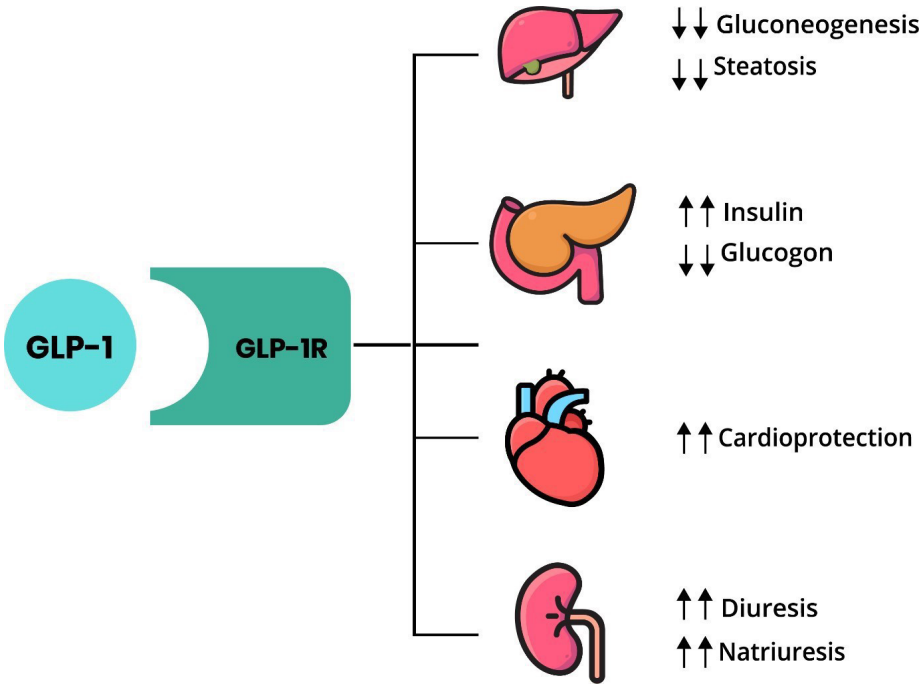
Best Practice Guide for Conducting Group Consultations for GLP-1 Receptor Agonist (RA) Starts in Diabetes Care



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Group Consultations for GLP-1 RA Starts in Diabetes Care

Executive Summary

This Best Practice Guide offers an overview as well as the details of the opportunities and complexities associated with designing and implementing group consultations for commencement of GLP-1 RA therapy in primary or secondary care. It includes evidence and feedback from Health Care Professionals (HCPs) and People with Diabetes (PwD) to provide a comprehensive stakeholder view.

What are GLP-1 RAs?

People with type 2 diabetes are prescribed many medication options to help manage their condition which increasingly include Glucagon-like Peptide-1 Receptor Agonists, shortened to GLP-1 RA or GLP-1 RAs.

Up until 2019, GLP-1 RAs were the only injectable therapies available when the first oral therapy (Oral Semaglutide – brand name Rybelsus) came to market.

GLP-1 RAs available are:

Before Meal:

- Oral Semaglutide (brand name: Ryelsus) should be taken on an empty stomach at least 30 - 60 minutes before eating, drinking or taking other medication. Tablets should be taken whole with up to 120ml of water.

Once daily injections:

- Lixisenatide (brand name: Adlyxin)
- Liraglutide (brand name: Victoza, Saxenda) **Once-weekly injections:**
- Dulaglutide (brand name: Trulicity)
- Semaglutide
  (brand name: Ozempic)
- Extended-release Exenatide (brand names: Bydureon, Bydureon BCise)

Naturally produced GLP-1 RA versus GLP-1 RA Therapies

The natural hormone, endogenous GLP-1 RA is produced by the body and is released in response to the presence of nutrients including amino acids, fatty acids and fibre. When released, it helps increase the secretion of insulin and reduces glucagon. The hormone also

slows digestion by delaying gastric emptying and suppresses appetite signals – this helps reduce hunger and improve satiety.

Group GLP-1 RA Starts

Within diabetes care, group consultations are being encouraged aiming to promote working more proactively. Aiming to increase communication in the group, reduce backlogs of patient assessment and medication initiation caused by lockdowns and services reshaping due to Covid-19.

Group consultations and group medication starts are being promoted as being efficient and effective and lean in thinking, whilst aspiring to promoting six sigma methodologies across diabetes care (Kutz et al, 2018).

Local collaboration withing Primary Care Network (PCNs) may be helpful, especially for smaller GP Practices who have fewer PwD . PCN initiations of GLP-1 RAs in groups can reduce delays, creating access for PwD who would benefit from this medication.

Although much literature has been published promoting group consultation approaches for people with type 2 diabetes (Group Consultation, 2020, NHS England, 2019), little has evaluated the realities of implementing group consultations for GLP-1 RA starts into routine practice.

Diabetes care can be multi sized and have a variety of specialist clinicians involved at any one time. Inequalities in access to health is seen across the spectrum of healthcare, including diabetes (Barnard-Kelly & Cherñavvsky, 2020). Health inequalities are defined as the 'preventable, unfair and unjust differences in health status between groups, populations or individuals' (NHS England, 2020). The challenges of inequality and healthcare, particularly in the context of diabetes are undoubtedly complex, and there is no one-size-fits all solution (Barnard-Kelly & Cherñavvsky, 2020). This is an essential consideration of undertaking a group consultation for GLP-1 RA starts, which GLP-1 RA medications to prescribe, what considerations for practice are there and who this service might suit.

Pockets of published evidence from clinicians undertaking group consultations have been evaluated, with much evidence relating to group education opportunities, but not actually group consultations for GLP-1 RA starts. However, in the practical nature of diabetes care delivery to undertake a group GLP-1 RA commencement can offer a time saving efficient service as compared to repeated one to one appointment for the same purpose of GLP-1 RA commencement. Experience and feedback has been gathered to inform this best practice guide from both multi-disciplinary (MDT) specialist diabetes care and people living with

diabetes. Both have offered their considerations of the potential for and concerns about undertaking effective group consultations to commence a GLP-1 RA either digitally or face to face.

The backlog of diabetes reviews created by the pandemic, has caused HCPs to be under considerable pressure (Lewis et al, 2020) and many are struggling to deliver the current 1:1 consultation model (Carr et al, 2021) so perhaps the time is right to consider practical and efficient new ways of working (Wilkinson, 2021). Potentially group consultations for GLP-1 RA commencement could increase access and timely commencement for each PwD who could benefit from this therapy. This also serves to reduce clinic backlog without increasing c clinic time (i.e., more people can be seen in the same amount of time) and potential learn from one another's experience living with diabetes.

The following people working in primary or secondary care, have shared their guidance and feedback for this best practice guide:

Dr Patrick Holmes – GP

Dr Shafie Kamaruddin – Consultant Diabetologist

Dr Paul McArdle – Community Diabetes Dietitian

Jane Diggle – Diabetes Specialist Practice Nurse

Dr Becky Thomas – Retinopathy Clinical Expert

Dr Anne Phillips & Kate Walker – representatives of people with type 1 and type 2 diabetes

Themes to consider:

Environmental

Feedback from the MDT group have highlighted special considerations for setting up group GLP-1 RA starts in terms of ergonomics and environment. These considerations need attention to promote professionalism and inclusion.

- Aim for a small group – maximum 10 including the HCP to make this manageable. Numbers over 10 can yield difficulties in a new medication initiation.
- Access to medical records needs to be available as required.
- Video consultation from the HCPs side – use a standardized neutral background to ensure privacy.
- Ensure PwD are in an appropriate place to hold the consultation (e.g. not driving) or not with other family members (unless pre agreed with the group).

Service delivery

Group starts will lead to increased prescribing and availability of GLP-1 RA therapies for people with type 2 diabetes. (GLP1-RAs are not licensed for people with type 1 diabetes, however some people with type 1 diabetes will benefit from GLP-1 RA starts albeit this is currently prescribed off license, outside of market authorisation and is based on individual need hence unlikely to occur within a group start scenario.

Opportunities:

- Group consultations work well for diabetes education and information sharing.

- Confidentiality and governance need to be acknowledged and protected.

- Saves on practices finite resources and expedites a change in practice management of diabetes based on the virtual consultation for GLP-1 RA group starts .
- Grouping similar individuals together to commence the same GLP-1 RA therapy will shorten waiting lists and facilitate more people to be seen earlier.
- A clear consent process together with written information about how the group GLP1 RA start will work and how information will be shared must established and completed beforehand to allow people to have choice to opt out.
- Individual information giving before the group GLP-1 RA commencement in a group is best practice as this gains consent and offers individual information sharing.
- Potentially timesaving for HCPs as the group GLP-1 RA start serves a common purpose for the identified group.
- Clear boundaries and ground rules (making best use of the time and ensure it is a safe and constructive space) must be identified during the set-up process and then agreed by group members.

- This can promote objective improvement in health outcomes and experience from effective use of GLP-1 RA medicines and understanding of diabetes and weight loss potential.
- Competition in doing well depending on gender of participants. This is particularly evidenced in weight loss groups in the Diabetes Prevention Programme (Sauder et al, 2021).
- Peer support enabled particularly with similar groups of people involved.
- Declaration of HCPs and their roles present at each GLP-1 RA group consultation.
- Use a platform that is approved by your relevant trust – governance issues.
- Group GLP-1 RA consultations can be very useful for educational purposes either via video link or face to face ensuring social distancing and appropriate health and safety concerns.

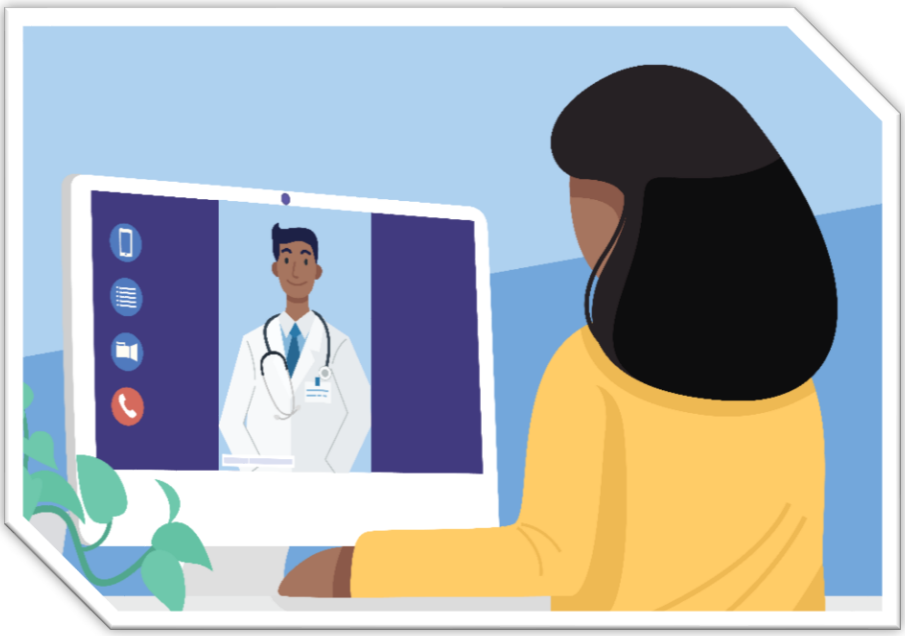
Complexities

- Reducing inequalities requires forming groups of individuals for GLP-1 RA starts that share a similar culture, potentially of the same gender, speak a similar language, share similar social economic status and have the same diagnosis and need for GLP-1 RA therapy.
- Digital virtual group GLP-1 RA starts offer more room to increase group numbers that may not have been feasible in physical premises, however this is restrictive as requires a high level of digital literacy and access.
- Sharing information with strangers can be uncomfortable and this must be respected.

- Group GLP-1 RA starts do not suit everyone and this needs to be respected so individual choice can be provided without delay.
- Injection technique does need practice so an individual practice injection before the group GLP-1 RA start is advised.
- Giving an injection is a personal event so offering some dignity in terms of exposure of the injection site in a group needs careful consideration.

- Virtual group GLP-1 RA starts may not be ideal for improving subjective health outcome goals such as (1) discussing diabetes blood test results, (2) individual weight reduction, (3) discussing lifestyle behaviours to a heterogeneous group that differ in language, socioeconomic status and are strangers.
- Video recording – both HCPs and PwD need to declare if recording a group GLP-1 RA start.
- PwD maybe unfamiliar with both GLP-1 RA injections / oral medications or technology for their virtual start and might get flustered.
- Difficult for PwD with hard of hearing or who are partially sighted.

Group GLP-1 RA consultations are not suitable where the clinical scenario is more complex and less stable and a 1:1 review is more appropriate.



HCP Training Needs

Consideration of the training and ongoing support for conducting group GLP-1 RA starts needs to be available for clinicians wishing to provide this service to support the organisation, provision, enablement and evaluation of group GLP-1 RA starts in diabetes care. This also includes PwD being invited into this process (Bombard et al, 2018).

- Training of HCPs will be required, consideration of who funds this is in terms of the course and the time required needs to be built into the service set up considerations for group GLP-1 RA starts.
- A cost-benefit analysis of the lean thinking and six sigma outcomes of group GLP-1 RA starts and delivery needs to be included (Kutz et al, 2018).
- Clarity of HCP roles if the group GLP-1 RA start is to be delivered via a PCN multiple practice arrangement.
- Facilitators need to be able to manage group dynamics both virtually and face-to-face.
- HCPs will need appropriate training to deliver group GLP-1 RA starts – currently few will have the skills or confidence to do so.
- To work, HCPs will need access to training and thereafter on-going support for implementation.
- There is a risk of virtual GLP-1 RA start facilitators intentionally or inadvertently injecting their personal biases about a particular product into the group exchange of ideas, this is a major issue in heterogeneous groups (Patel et al, 2021). Training/packages/videos of how to make virtual GLP-1 RA starts need to be available both for HCPs and also for PwD to access.
- Could potentially increase GLP-1 RA prescribing and save time as increased numbers of people requiring GLP-1 RA therapy can be started in one group setting. One-to-one GLP1 RA starts must still be offered as not everyone will be able, happy or confident to attend a GLP-1 RA group start.

HCP considerations

If group GLP-1 RA starts are going to be introduced for diabetes care the following factors have been identified by the MDT team.

- Group GLP-1 RA starts using the same product can be cost effective, time efficient and less resource dependent that 1:1 review.

- Caution should be exercised when using semaglutide in patients with diabetic retinopathy as an increased risk of complications has been observed in patients treated with subcutaneous insulin. If semaglutide is used in these patients they should be monitored closely.

- Access to recent retinal screening results is essential before the commencement of GLP-1 RA therapies. If there is no retinal screening result please ensure early referral for a digital retinal photograph and grading before commencement of a GLP-1 RA therapy.

- Prescribing of anti-emetics for PwD who experience nausea is efficacious for continuation of GLP-1 RA therapies.

- Virtual group GLP-1 RA starts can be conducted if the HCP is trained and has the right support in making this virtual group start efficiently run.

- Evaluation of virtual group starts is essential by the HCPs concerned also to promote lean thinking and six sigma processes (Kutz et al, 2018).

- Encourages peer learning with less resource burden such as clinician's time.

- Consent is needed from each PwD before they attend for a GLP-1 RA start. A formal letter should be sent to manage the PwD expectations about their group GLP-1 RA start, along with the product information they are prescribed, before they attend the virtual or face to face group clinic with a clear agenda. HCPs need training to build the skills in controlling the flow of the discussions and questions before during and after the GLP-1 RA start to ensure everyone is engaged and opinions valued in a group GLP1 RA start situation.

- HCPs need to debrief at the end of the group GLP-1 RA start and reflect on anything that could have done better and identify any PwD from the group that needs more assistance.

Person with diabetes considerations

To undertake a change in routine diabetes care for PwD with long standing diabetes might be more problematic than introducing this service delivery with people more recently diagnosed.

Also, group GLP-1 RA starts need consent and understanding to manage the PwD's expectations in terms of the GLP-1 RA therapy they are being prescribed and commencing.

Choice of therapy in terms of usage, daily or weekly dosing and also tablet or injectable GLP1 RA therapy also needs individual clinical decision making in partnership with the HCP and PwD.

GLP-1 RA are not licensed for the treatment of type 1 diabetes, so use is currently off license and in individual consultation.

Feedback from HCPs and PwD about group GLP-1 RA starts including the following considerations.

Opportunities

PwD will need encouragement on how to ask a question if their confidence is low and they are unused to a group medication start.

- This will be a first and novel experience for many PwD so managing expectations is part of the process.
- This is dependent on people's time management/arriving on time either virtually or face to face.
- Realistic effects of the GLP-1 RA prescribed and the role of the PwD does require careful explanation and expectation management.
- With on-going concerns about the spread of infection, some PwD may feel anxious about spending any length of time face-to-face in a group setting. In such cases a virtual group GLP-1 RA starts may be the preferred option.
- Group GLP-1 RA starts can promote vicarious learning through modelling of selfmanagement behaviours from peers 'people like me'.
- The condensed nature of virtual GLP-1 RA start means there is an opportunity to solicit a quantity of lived experiences, opinions, feedback on multiple aspects of why the GLP1 RA is required to manage expectations.
- Record keeping- needs to be very clear about how that is managed and how records are stored for the PwD and HCPs involved.

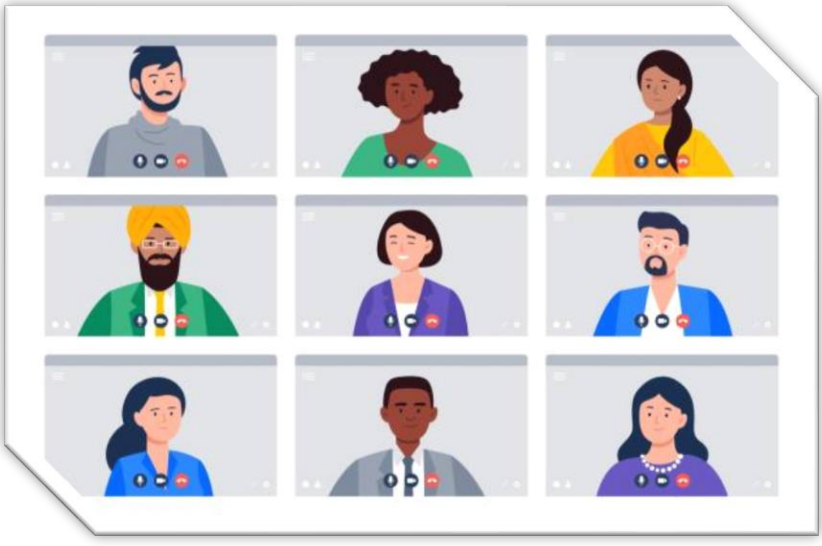
Complexities

- Group norms of support, non-judgement and caring create a safe space for people commencing GLP-1 RA therapies to explore their barriers and potential strategies however this requires forming groups of individuals that share a similar culture, speak a similar language and share similar social economic status.
- Access to IT – IT skills - fluctuations in connection causing stress.
- May be worried over confidentiality.
- Reduced therapeutic relationship: particularly important for those requiring emotional/mental health support

Such a time-limited slot provides little opportunity for important conversations and time to address the things that matter most to the person living with diabetes. This will require a separate one-to-one appointment, ideally before the group GLP-1 RA start.

- Group GLP-1 RA starts will not suit everyone (one size does not fit all) and may be inappropriate in certain situations (e.g., in those with severe mental health problems, learning disabilities, social anxieties, where more sensitive and personal issues need to be addressed).
- May not be appropriate if: PwD is not happy to participate, PwD is unwell and needs prompt diagnosis and management, physical examination is required, PwD has dementia or acute confusional state, the PwD is deaf (unless signer available or able to lip read in video consultation), the PwD has difficulty understanding or speaking English unless interpreter.

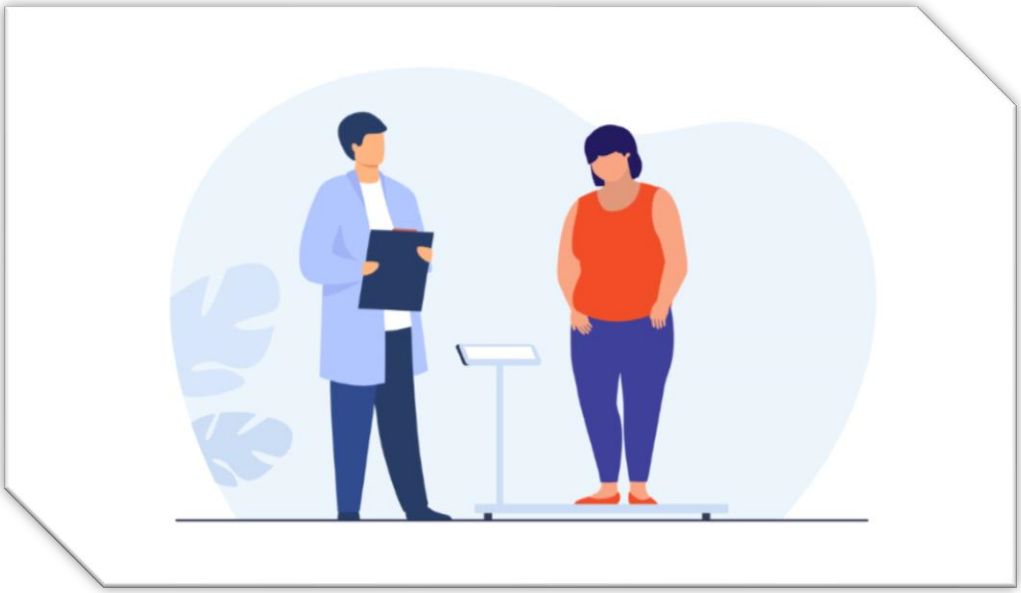
PwD Opportunities



- GLP-1 RA group starts can offer opportunity for peer support/connection with peers and potentially improve PwD outcomes/experience.

- Problem solving and sharing of ideas about weight loss can occur across the group.
- Promotes benefits of altruism (helping and supporting others) on mental health and happiness, especially related to living with diabetes and obesity.
- Offers opportunities to share and normalise people's experiences. Shared understanding facilitates reduction in isolation 'there are other people like me who need this drug'.
- Offering people choice between an oral therapy or injectable is opportune.

PwD Complexities



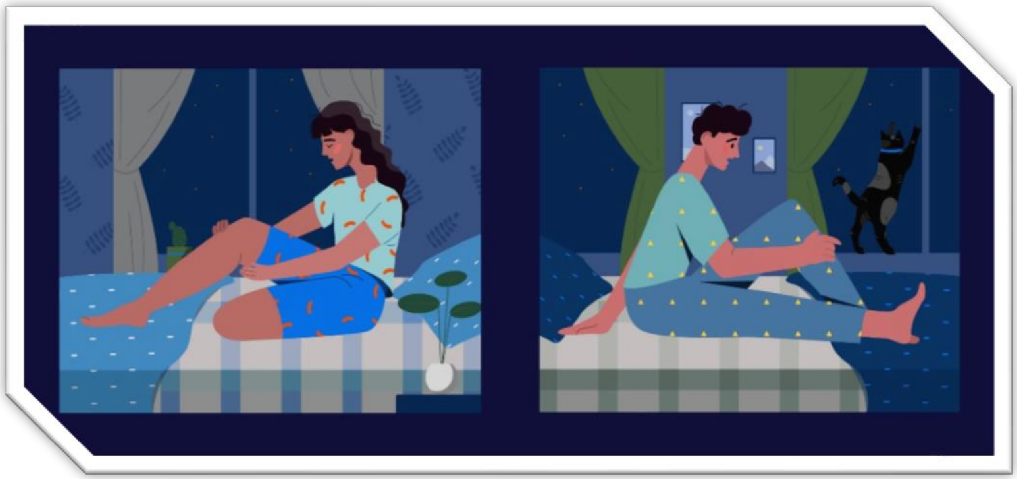
- Inappropriate challenge from others who make it sound easy to lose weight or who find injecting themselves easier than others who may find this difficult.
- Some people may feel afraid to disclose information in a group GLP-1 RA start for fear of being judged.
- Confidentiality breaches in the group.
- Fear of nausea due to the GLP-1 RA needs careful management.

- Fear/threat messages – disclosed and their impact on other participants (e.g., negative experiences of others or their family/friend about GLP-1 RA therapies that are shared).

  Tricky group dynamics more challenging to manage the person who talks too much or doesn't allow others time to talk.

- In a virtual group GLP-1 RA start, there is likely to be a silent development of 'comparisonitis', with many often not expressing deeper concerns, worries, while others proud of their achievements.

- Post consultation – isolation as maybe at home and this can make it difficult to distance yourself or decompress afterwards.



- Misinformation shared in the group.

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- Group GLP-1 RA starts doesn't offer maximum depth on improving an individual group member's way of tackling their diabetes in their own world; it doesn't lend itself well to personal revelations.

Conclusions

Group GLP-1 RA group starts do have their place in increasing prescribing and access to GLP1

RA therapies for PwD who could benefit potentially most. Careful consideration in the organisation especially in terms of time efficiency and enabling group GLP-1 RA starts to avoid individuals who need this therapy waiting too long.

Use of PCN group facilities for several practices to enable a PCN wide group GLP-1 RA start could be provided with appropriate training and either virtual or face to face access.

Considerations regarding travel time if the service is to be delivered on a PCN wide basis needs careful planning also. The training of HCPs and group GLP-1 RA start set ups needs careful thought and attention.

This is not a one size fits all scenario and reflecting 'No decision about me without me' (Department of Health, 2012) the same considerations need to be applied to the PwD's decision to potentially engage or otherwise with a group GLP-1 RA start.

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