Optimising glycaemic control in type 1 diabetes

Voting on published recommendations – Key Question 2: structured education

ROUND 1: RESPONSES

Group members were asked to vote on the acceptability and implementability within NHS Scotland of 22 recommendations published in evidence-based guidelines on the topic of structured education for people with type 1 diabetes. The threshold of 70% of respondents indicating acceptance was established a priori as the definition of formal consensus. Results are summarised in the table below. Further details about adaptations and actions are included in the accompanying report.

Recommendation	Acceptable (%)		Implementable (%)			Action
	Yes	No	Yes	Yes, with adaptation	No	
1	100.00%	0.00%	73.33%	26.67%	0.00%	Include
2	100.00%	0.00%	40.00%	60.00%	0.00%	Include
3	100.00%	0.00%	80.00%	20.00%	0.00%	Include
4	93.33%	6.67%	71.43%	21.43%	7.14%	Include
5	100.00%	0.00%	80.00%	13.33%	6.67%	Include
6	86.67%	13.33%	84.62%	15.38%	0.00%	Include
7	100.00%	0.00%	86.67%	6.67%	6.67%	Include
8	100.00%	0.00%	100.00%	0.00%	0.00%	Include
9	100.00%	0.00%	80.00%	20.00%	0.00%	Include
10	86.67%	13.33%	38.46%	53.85%	7.69%	Include
11	100.00%	0.00%	93.33%	6.67%	0.00%	Include
12	100.00%	0.00%	93.33%	6.67%	0.00%	Include
13	93.33%	6.67%	92.86%	7.14%	0.00%	Include
14	100.00%	0.00%	93.33%	6.67%	0.00%	Include
15	100.00%	0.00%	100.00%	0.00%	0.00%	Include
16	100.00%	0.00%	86.67%	13.33%	0.00%	Include
17	100.00%	0.00%	100.00%	0.00%	0.00%	Include
18	100.00%	0.00%	80.00%	20.00%	0.00%	Include
19	93.33%	6.67%	92.86%	0.00%	7.14%	Include
20	100.00%	0.00%	100.00%	0.00%	0.00%	Include
21	100.00%	0.00%	100.00%	0.00%	0.00%	Include
22	100.00%	0.00%	93.33%	6.67%	0.00%	Include

The following responses, potential adaptations and comments were returned.

Recommendation 1

Recommendation: Offer all adults with type 1 diabetes a structured education programme of proven benefit, for example, the DAFNE (dose adjustment for normal eating) programme. [STRONG RECOMMENDATION]

Source guideline: National Institute for Health and Care Excellence (NICE). NG17 - Type 1 diabetes in adults: diagnosis and management (recommendation 1.3.1, page 12) (https://www.nice.org.uk/guidance/ng17/resources/type-1-diabetes-in-adults-diagnosis-and-management-pdf-1837276469701)

Country and date of publication: UK, 2015 (no updates warranted in 2019 surveillance)

Guideline quality rating: Rigour of development 98%, Editorial independence 100%, Stakeholder involvement 98%

Of 15 respondents:

15 voted this recommendation as acceptable (100%)

0 voted this recommendation as unacceptable (0%)

11 voted this recommendation as implementable (73.33%)

4 voted this recommendation as implementable with adaptations (26.67%)

0 voted this recommendation as not implementable (0%)

15 out of 15 (100%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 1:

Table 1: suggested adaptations and responses to recommendation 1

Respondent	Response and comments
5	ADAPTATION - including other programme examples used in Scotland
6	ADAPTATION - DAFNE website shows limited availability within Scotland (although not sure if updated regularly - Dundee isn't featured, but it is available here), so may need to be more generic in recommending "accredited course" without specifying further
7	ADAPTATION - locally approved/ accredited alternatives: Bertie, Tim, My Diabetes My Way modules
19	ADAPTATION - Embedding behavioural change and nudge techniques to facilitate retention of information and engagement

7	COMMENT - online options with modular approach for gaps in education. Ability to top up education in the future
13	COMMENT - Evaluations of DAFNE and other similar structured education programmes do evidence initial improvements in HbA1c; however we also see persuasive evidence of glycaemic drift over time (i.e. within 6 to 12 months of course attendance). Hence the claim about proven benefit is a little bit contentious. Most people would agree people with T1D need a structured education programme, but they also need comprehensive, tailored package of follow-up support - see Lawton J, Rankin D, Cooke D, Elliott J, Amiel S, Heller S.(2012). Patients' experiences of adjusting insulin doses when implementing flexible intensive insulin therapy: a longitudinal, qualitative investigation. Diabetes Research and Clinical Practice, 98:236-242. Rankin D, Cooke D, Elliott, J, Heller S, Lawton J. (2012a). Supporting self-management after attending a structured education programme: a qualitative longitudinal investigation of type 1 diabetes patients' experiences and views. BMC Public Health, 12:652: See: http://www.biomedcentral.com/1471-2458/12/652
15	COMMENT - Scotland needs to centrally develop education available Structured education programmes, with QA infrastructure & updating, with varied format (i.e. week long F2F group, vs online modules, vs weekly sessions virtual or F2F, etc) - leaving this to board level results in inequality of access for patients, duplication of resources, etc
18	COMMENT - DAFNE has only been shown to be effective in trials of up to 1 year's duration. This is pretty typical of all behavioural interventions. So we should consider when we advise reviewing this area. The ADA Diabetes Self-management Education and Support in Adults With Type 2 Diabetes made useful points in this area
19	COMMENT - Historically financial constraints has meant some health boards have chosen alternative models to DAFNE. Having an option of which structured education programme is offered would be sensible.

Recommendation 2

Recommendation: A multi-component self-management DM education program is recommended for persons with T1D. Ideally, this is provided by a professional with expertise (ie, Certified diabetes care and education specialist) in the topics of healthy lifestyle, insulin technique including prandial insulin dosing guided by carbohydrate counting and diet adjustments for special situations, such as physical activity and prolonged fasting. Instruction is also needed in how to deal with sick days and prevention of DKA and hypoglycemia, and other relevant issues. Due to changes in DM self-management practices and each individual's medical history, personal and cultural background, and educational needs, specific education topics may need to be repeated at regular intervals. [GRADE A]

Source guideline: American Association of Clinical Endocrinology. Clinical Practice Guideline: Developing a Diabetes Mellitus Comprehensive Care Plan—2022 Update. (recommendation 13.4, pages 932 and 981)

(https://www.endocrinepractice.org/action/showPdf?pii=S1530-891X%2822%2900576-6)

Country and date of publication: USA, 2022

Guideline quality rating: Rigour of development 92%, Editorial independence 92%, Stakeholder involvement 43%

Additional notes: The evidence supporting this recommendation was derived from mixed populations of people with type 1 and type 2 diabetes.

Of 15 respondents:

15 voted this recommendation as acceptable (100%)

0 voted this recommendation as unacceptable (0%)

6 voted this recommendation as implementable (40%)

9 voted this recommendation as implementable with adaptations (60%)

0 voted this recommendation as not implementable (0%)

15 out of 15 (100%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 2:

Table 2: suggested adaptations and responses to recommendation 2

Respondent	Response and comments
6	ADAPTATION - "Ideally, this is provided by a professional with expertise (ie, Certified diabetes care and education specialist)" – would be more appropriate to state that education is provided by a member of the multidisciplinary team (MDT)

10	ADAPTATION - Change of Certified diabetes care and education specialist to 'diabetes specialist nurses and dieticians'
12	ADAPTATION - What counts a professional with expertise? Many DSNs/Dietitians in Scotland not 'certified'
13	ADAPTATION - I'm not well placed to comment on this is as I am not a clinician
14	ADAPTATION - Certified diabetes care and education specialist - Diabetes Specialist Nurse and Dietician
15	ADAPTATION - American care model, i.e. certified diabetes educators would need to be adapted to UK context DSN & DSD
16	ADAPTATION - needs to define what a certified diabetes care and education specialist into the Scottish context - e.g. DSN, dietician.
18	ADAPTATION - In Scotland we do not really offer this to individuals who cannot or will not attend a diabetes clinic or group sessions. Staffing issue will impact on our ability to deliver this repeatedly over time. Also we do not always adequately address cultural background (NHS staff are primarily white Caucasian), and educational needs (no formal assessment of this or reading skills are made and DAFNE is often delivered as a package in a group setting. So we may need to recommend reviewing culturally specific dietary programmes and also formal educational assessment of individuals with appropriate structuring of education programmes and also look to community/ on line delivery
19	ADAPTATION - Certified diabetes care and education specialist; in Scotland this would be delivered by registered professionals, most likely Diabetes Specialist Nurses and Dietitians
6	COMMENT - Duplicates recommendation 1 to a large extent.
13	COMMENT - See my comment to the first a key question, the recommendation that "Due to changes in DM self-management practices and each individual's medical history, personal and cultural background, and educational needs, specific education topics may need to be repeated at regular intervals" is really important as it takes account of people's ongoing need for individualised, tailored follow-up support after attending DAFNE and similar programs
14	COMMENT - I notice that this recommendation covers all ages, 'people'. Recommendation 14 is similar and just covers children and young people. I think this needs to be considered throughout the guideline. It makes sense to have recommendations that are applicable to all ages where possible and different recommendations for adults and children/young people when the need is there. I don't know how that works with evidence though. I also notice how differently the recommendations are laid out and formatted depending on the source. Does the evidence allow for recommendations to be formatted and made consistent with each other so that they read like one guideline rather than bits of other guidelines pulled together?
17	COMMENT - Seems likely that some education could be provided by a "non-professional" so I am unsure about the use of the word " Ideally"

Recommendation 3

Recommendation: Offer the structured education programme 6 to 12 months after diagnosis. For adults who have not had a structured education programme by 12 months, offer it at any time that is clinically appropriate and suitable for the person, regardless of how long they have had type 1 diabetes. [STRONG RECOMMENDATION]

Source guideline: National Institute for Health and Care Excellence (NICE). NG17 - Type 1 diabetes in adults: diagnosis and management (recommendation 1.3.2, page 12) (https://www.nice.org.uk/guidance/ng17/resources/type-1-diabetes-in-adults-diagnosis-and-management-pdf-1837276469701)

Country and date of publication: UK, 2015 (no updates warranted in 2019 surveillance)

Guideline quality rating: Rigour of development 98%, Editorial independence 100%, Stakeholder involvement 98%

Of 15 respondents:

15 voted this recommendation as acceptable (100%)

0 voted this recommendation as unacceptable (0%)

12 voted this recommendation as implementable (80%)

3 voted this recommendation as implementable with adaptations (20%)

0 voted this recommendation as not implementable (0%)

15 out of 15 (100%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 3:

Table 3: suggested adaptations and responses to recommendation 3

Respondent	Response and comments
9	ADAPTATION - Many now receive structured education at diagnosis so maybe this should change to within the first year
11	ADAPTATION - There is a strong argument for structured education at diagnosis rather than waiting 6-12 months and some Scottish centres are already delivering this. Completely agree with the remaining statement about delivering at any time thereafter regardless of duration
18	ADAPTATION - For newly diagnosed patients the recommendation is DAFNE at 6-12 months. This is based on the idea that some people might honeymoon and therefore not need to CHO count. There is no particularly strong reason for this and the best educational opportunity is at diagnosis. I would us to recommend that DAFNE can be given early if the HCP considers it appropriate (it won't do any harm and can be reviewed again at 6-12 months. In the initial German studies that prompted DAFNE all patients were admitted for 2 weeks at diagnosis for comprehensive

	education including carb counting so there is evidence for this. The American guidelines also recommend this is done at diagnosis
6	COMMENT - All centres may not have capacity to offer, however recommendation should act as driver for change.
8	COMMENT - We offer structured education from the day of diagnosis (STEP). Can we change the wording to say offer structured education as soon after diagnosis as possible
10	COMMENT - While I agree structured education is needed, is it acceptable to wait as long as 6 months for structured education when you are newly diagnosed with Type 1?
14	COMMENT - I've said yes to this, but... Does the evidence show that waiting as long as 6 to 12 months after diagnosis for structured education is beneficial over having structured education sooner? Having had education which I think was structured and was done within 4 to 8 weeks of diagnosis, waiting 6 to 12 months seems a long time to wait and doesn't seem to be in keeping with supporting early optimisation of glycaemic control.
16	COMMENT - It should define the circumstances where it is appropriate that someone hasn't had an education programme.
17	COMMENT - Not sure why the lower limit of 6 months is specified- I suspect some people may be ready to receive education before that point

Recommendation 4

Recommendation: There are four critical times to evaluate the need for diabetes self-management education to promote skills acquisition in support of regimen implementation, medical nutrition therapy, and well-being: at diagnosis, annually and/or when not meeting treatment targets, when complicating factors develop (medical, physical, psychosocial), and when transitions in life and care occur. [EXPERT OPINION]

Source guideline: American Diabetes Association Professional Practice Committee. 5. Facilitating Behavior Change and Well-being to Improve Health Outcomes: Standards of Medical Care in Diabetes-2022. (recommendation 5.2, page S61) (https://diabetesjournals.org/care/article/45/Supplement_1/S60/138923/5-Facilitating-Behavior-Change-and-Well-being-to)

Country and date of publication: USA, 2022

Guideline quality rating: Rigour of development 79%, Editorial independence 92%, Stakeholder involvement 56%

Additional notes: Expert opinion recommendation is based on a consensus report on Diabetes Self-management Education and Support in Adults With Type 2 Diabetes from the American Diabetes Association, the Association of Diabetes Care & Education Specialists, the Academy of Nutrition and Dietetics, the American Academy of Family Physicians, the American Academy of PAs, the American Association of Nurse Practitioners, and the American Pharmacists Association

Of 15 respondents:

14 voted this recommendation as acceptable (93.33%)

1 voted this recommendation as unacceptable (6.67%)

10 voted this recommendation as implementable (71.43%)

3 voted this recommendation as implementable with adaptations (21.43%)

1 voted this recommendation as not implementable (7.14%)

14 out of 15 (93.33%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 4:

Table 4: suggested adaptations and responses to recommendation 4

Respondent	Response and comments
6	ADAPTATION - Lack of evidence behind recommendation makes it generalisable to T1D. However, this statement is in conflict with recommendations 1-3, where education is recommended for all. In contrast, recommendation 4 states that the HCP must "evaluate the need for…" at diagnosis i.e. making it an optional extra.
17	ADAPTATION - Given previous recommendation (if it is upheld) should perhaps be: within 12 months of diagnosis (rather than just diagnosis)
19	ADAPTATION - Language US to UK English eg medical nutrition therapy replaced
10	COMMENT - While I entirely agree that these are key times when education should be delivered, it's noted that the guidelines were aimed at Type 2 diabetes, although I would expect expert opinion would agree the same was required for Type 1.
14	COMMENT - Specify adults, or all ages? The recommendation makes sense, but I see the evidence is from Type 2, is that okay? This recommendation seems similar to the end of Recommendation 2 – 'Due to changes in DM self management…'
15	COMMENT - I agree with the logic of this recommendation from my experience of clinical practice but don't think the evidence is suitable for this guideline
16	COMMENT - Some patients do not require annual educational interventions OR tailored and specialist interventions may be more suitable.
18	COMMENT - As before this recommendation is now inconsistent with offering DAFNE at 6-12 months
19	COMMENT - I would argue that we would want to evaluate the need for education continually; should someone "have complicating factors" then it

	may be the case their capacity to learn and retain new information is less so than when they are getting on ok.

Recommendation 5

Recommendation: For adults with type 1 diabetes who are unable or prefer not to take part in group education, provide an alternative of equal standard.
[STRONG RECOMMENDATION]

Source guideline: National Institute for Health and Care Excellence (NICE). NG17 - Type 1 diabetes in adults: diagnosis and management (recommendation 1.3.3, page 12) (https://www.nice.org.uk/guidance/ng17/resources/type-1-diabetes-in-adults-diagnosis-and-management-pdf-1837276469701)

Country and date of publication: UK, 2015 (no updates warranted in 2019 surveillance)

Guideline quality rating: Rigour of development 98%, Editorial independence 100%, Stakeholder involvement 98%

Of 15 respondents:

15 voted this recommendation as acceptable (100%)

0 voted this recommendation as unacceptable (0%)

12 voted this recommendation as implementable (80%)

2 voted this recommendation as implementable with adaptations (13.33%)

1 voted this recommendation as not implementable (6.67%)

15 out of 15 (100%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 5:

Table 5: suggested adaptations and responses to recommendation 5

Respondent	Response and comments
14	ADAPTATION - Example of suitable alternative? BERTIE?
17	ADAPTATION - 1:1 in person training may not be feasible given staffing issues. I am not clear how good the evidence is that online DAFNE produces the same result as face to face so we may need to modify recommendation to "For adults with type 1 diabetes who are unable or prefer not to take part in

	group education, consider approaches that can deliver an alternate education of high standard."
5	COMMENT - digital resources to improve
9	COMMENT - This is a challenge and work is required to understand the reasons for not participating and find an alternative evidence based intervention
14	COMMENT - Is there evidence to support a recommendation for children/YP and their families who are in the same situation?
15	COMMENT - Delivery needs to be coordinated through national resources Diabetes MW modules, national access to DAFNE online etc. Each board should not be faced with developing and sustaining / updates several different Structured education modules as this is just not possible with staff resources available
16	COMMENT - The recommendation could be expanded to say something like e.g. online courses to meet today's digital world.

Recommendation 6

Recommendation: Digital coaching and digital self management interventions can be effective methods to deliver diabetes self-management education and support. [GRADE B (based on supportive evidence from well-conducted observational studies)]

Source guideline: American Diabetes Association Professional Practice Committee. 5. Facilitating Behavior Change and Well-being to Improve Health Outcomes: Standards of Medical Care in Diabetes-2022. (recommendation 5.5, page S61) (https://diabetesjournals.org/care/article/45/Supplement_1/S60/138923/5-Facilitating-Behavior-Change-and-Well-being-to)

Country and date of publication: USA, 2022

Guideline quality rating: Rigour of development 79%, Editorial independence 92%, Stakeholder involvement 56%

Of 15 respondents:

13 voted this recommendation as acceptable (86.67%)

2 voted this recommendation as unacceptable (13.33%)

11 voted this recommendation as implementable (84.62%)

2 voted this recommendation as implementable with adaptations (15.38%)

0 voted this recommendation as not implementable (0%)

13 out of 15 (86.67%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline.

The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 6:

Table 6: suggested adaptations and responses to recommendation 6

Respondent	Response and comments
6	ADAPTATION - Wording is quite ambiguous. It's difficult to disagree with the statement "Digital coaching and digital self management interventions can be effective methods". By inference, this would suggest that they can also be ineffective. I think the key is that any intervention is accredited. If accredited, then it would be reasonable to state "…as an alternative to in person training, where not available" - this would ensure recommendations apply to remote and rural instances.
15	ADAPTATION - Ensure staff involved i.e. DSN & DSD for UK context
5	COMMENT - but also needs healthcare professional input to individuals
8	COMMENT - Would this mean we have to provide digital access to those who do not have this? We do not have a diabetes centre or any area available to do this
11	COMMENT - My Diabetes My Way
13	COMMENT - I have grave concerns about this recommendation. It takes little account of the fact that many people still live in a state of digital poverty (some can't even afford access to a mobile phone, let alone a PC with Internet connection). These programs potentially reinforce health inequalities unless rigourous mechanisms are in place to ensure people in digital poverty are given access to appropriate technology or an alternative intervention of equal quality
14	COMMENT - A good way to engage younger people or anyone interested in using digital tools in self-management.
15	COMMENT - Pathway for digital training modules supported by F2F individual session local health care team Q&A or probably by group virtual discussions session - I guess this comment is really just a development comment rather than specific to evidence
16	COMMENT - Needs to define what a digital intervention is
17	COMMENT - Assuming sufficient quality material and trained staff are available to support this approach
18	COMMENT - As before - this is the only real option going forward but the evidence is not strong and mainly from short-term observational trials
19	COMMENT - Some papers that contribute to this American recommendation have the following problems (IN CAPITALS) for this SIGN guidelines.... Omar MA, Hasan S, Palaian S, Mahameed S. The impact of a self-management educational program coordinated through WhatsApp on

	diabetes control. Pharm Pract (Granada) 2020;18:1841 UNCLEAR NO T1D PARTICIPANTS Liang K, Xie Q, Nie J, Deng J. Study on the effect of education for insulin injection in diabetic patients with new simulation tools. Medicine (Baltimore) 2021;100:e25424 (ONLY FOCUSSING ON INJECTION SITES) Gershkowitz BD, Hillert CJ, Crotty BH. Digital coaching strategies to facilitate behavioral change in type 2 diabetes: a systematic review. J Clin Endocrinol Metab 2021;106:e1513–e1520 (TYPE 2D) Lee M-K, Lee DY, Ahn H-Y, Park C-Y. A novel user utility score for diabetes management using tailored mobile coaching: secondary analysis of a randomized controlled trial. JMIR Mhealth Uhealth 2021;9:e17573 TYPE 2D

Recommendation 7

Recommendation: Ensure that any structured education programme for adults with type 1 diabetes:

- is evidence-based, and suits the needs of the person
- has specific aims and learning objectives, and supports the person and their family members and carers in developing attitudes, beliefs, knowledge and skills to self-manage diabetes
- has a structured curriculum that is theory driven, evidence-based and resource effective and has supporting materials, and is written down
- is delivered by trained educators who:
    - have an understanding of educational theory appropriate to the age and needs of the person and
    - are trained and competent to deliver the principles and content of the programme
- is quality assured, and reviewed by trained, competent, independent assessors who measure it against criteria that ensure consistency
- has outcomes that are audited regularly. [STRONG RECOMMENDATION]

Source guideline: National Institute for Health and Care Excellence (NICE). NG17 - Type 1 diabetes in adults: diagnosis and management (recommendation 1.3.4, page 12-13). (https://www.nice.org.uk/guidance/ng17/resources/type-1-diabetes-in-adults-diagnosis-and-management-pdf-1837276469701)

Country and date of publication: UK, 2015 (no updates warranted in 2019 surveillance)

Guideline quality rating: Rigour of development 98%, Editorial independence 100%, Stakeholder involvement 98%

Of 15 respondents:

15 voted this recommendation as acceptable (100%)

0 voted this recommendation as unacceptable (0%)

13 voted this recommendation as implementable (86.67%)

1 voted this recommendation as implementable with adaptations (6.67%)

1 voted this recommendation as not implementable (6.67%)

13 out of 15 (86.67%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 7:

Table 7: suggested adaptations and responses to recommendation 7

Respondent	Response and comments
16	ADAPTATION - define what a diabetes educator is, e.g. DSN or dietician and how they are trained to be suitable.
6	COMMENT - Could use this definition by way of defining "accredited" if alternative definitions not available
10	COMMENT - I wonder about this statement 'delivered by trained educators who: have an understanding of educational theory appropriate to the age and needs of the person' as my understanding is that the diabetes nurse specialists in Scotland who are delivering training may not have the training in educational theory outlined in the recommendation,
13	COMMENT - Consider changing educator to facilitator. The DAFNEplus program which is currently being trialled has chosen to use the word facilitator, is it more accurately describes the HCP's role in structured education programme
14	COMMENT - Great recommendation. I like that family members and carers are included/mentioned. Does this mean they are allowed to attend the structured education too? I got the impression (not just from my own experience) that once someone was in the adult service they were encouraged to work towards being fully independent from their family with regards to diabetes, something I don't fully agree with because I think we can all benefit from support from family/friends if it is available/helpful. I prefer to think of a progression towards being fully responsible rather than fully independent because whilst being responsible, a person can still ask for support/help from family/friends but it's more difficult to ask for help/support if the aim is to be fully independent.
16	COMMENT - need to confirm who will audit this.
17	COMMENT - Support required for quality assurance and audit

Recommendation 8

Recommendation: Explain to adults with type 1 diabetes that structured education is an integral part of diabetes care. [STRONG RECOMMENDATION]

Source guideline: National Institute for Health and Care Excellence (NICE). NG17 - Type 1 diabetes in adults: diagnosis and management (recommendation 1.3.5, page 13). (https://www.nice.org.uk/guidance/ng17/resources/type-1-diabetes-in-adults-diagnosis-and-management-pdf-1837276469701)

Country and date of publication: UK, 2015 (no updates warranted in 2019 surveillance)

Guideline quality rating: Rigour of development 98%, Editorial independence 100%, Stakeholder involvement 98%

Of 15 respondents:

15 voted this recommendation as acceptable (100%)

0 voted this recommendation as unacceptable (0%)

15 voted this recommendation as implementable (100%)

0 voted this recommendation as implementable with adaptations (0%)

0 voted this recommendation as not implementable (0%)

15 out of 15 (100%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

No adaptations or comments were submitted for recommendation 8.

Recommendation 9

Recommendation: Provide information about type 1 diabetes and its management to adults with type 1 diabetes at all opportunities from diagnosis onwards. Follow the principles in NICE's guideline on patient experience in adult NHS services.
[STRONG RECOMMENDATION]

Source guideline: National Institute for Health and Care Excellence (NICE). NG17 - Type 1 diabetes in adults: diagnosis and management (recommendation 1.3.6, page 13). (https://www.nice.org.uk/guidance/ng17/resources/type-1-diabetes-in-adults-diagnosis-and-management-pdf-1837276469701)

Country and date of publication: UK, 2015 (no updates warranted in 2019 surveillance)

Guideline quality rating: Rigour of development 98%, Editorial independence 100%, Stakeholder involvement 98%

Of 15 respondents:

15 voted this recommendation as acceptable (100%)

0 voted this recommendation as unacceptable (0%)

12 voted this recommendation as implementable (80%)

3 voted this recommendation as implementable with adaptations (20%)

0 voted this recommendation as not implementable (0%)

15 out of 15 (100%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 8:

Table 8: suggested adaptations and responses to recommendation 9

Respondent	Response and comments
16	ADAPTATION - this would need to refer to the Scottish equivalent of NICE
18	ADAPTATION - I prefer aspects of the ADA / AACE guidelines that are more specific, e.g. exercise goals / mental health - although part of DAFNE training this does not really emerge in NICE which have driven a very CHO/ Insulin/ HbA1c approach to diabetes management
19	ADAPTATION – *no adaptation recorded*
6	COMMENT - Could be combined with recommendation 4 ie "at all opportunities…especially around time of diagnosis etc"
14	COMMENT - What's the difference between 'information about type 1 diabetes and its management' and 'structured education'? Good to see that this information is from diagnosis. Is this to fill the gap until the structured education happens?
17	COMMENT - Excellent recommendation, potentially challenging to put into practice!
19	COMMENT - Providing information should the person wish rather than providing it regardless

Recommendation 10

Recommendation: Consider the Blood Glucose Awareness Training (BGAT) programme for adults with type 1 diabetes who are having recurrent episodes of hypoglycaemia. [CONDITIONAL RECOMMENDATION]

Source guideline: National Institute for Health and Care Excellence (NICE). NG17 - Type 1 diabetes in adults: diagnosis and management (recommendation 1.3.7, page 13). (https://www.nice.org.uk/guidance/ng17/resources/type-1-diabetes-in-adults-diagnosis-and-management-pdf-1837276469701)

Country and date of publication: UK, 2015 (no updates warranted in 2019 surveillance)

Guideline quality rating: Rigour of development 98%, Editorial independence 100%, Stakeholder involvement 98%

Of 15 respondents:

13 voted this recommendation as acceptable (86.67%)

2 voted this recommendation as unacceptable (13.33%)

5 voted this recommendation as implementable (38.46%)

7 voted this recommendation as implementable with adaptations (53.85%)

1 voted this recommendation as not implementable (7.69%)

13 out of 15 (86.67%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 9:

Table 9: suggested adaptations and responses to recommendation 10

Respondent	Response and comments
5	ADAPTATION – 'a' rather than 'the'
7	ADAPTATION - I am not sure how many centres will be able to implement this and wondered if this could be available centrally
9	ADAPTATION – I wonder how relevant this is now that there is increased access to HCL??
10	ADAPTATION – I am not sure if the BGAT is available and accessible in Scotland?
12	ADAPTATION – Is this specific programme available in Scotland?
17	ADAPTATION – If funding is needed and available

18	ADAPTATION – I think we should recommend BGAT and DAFNE-HART - the later has just published a large RCT showing equivalence to BGAT and if we are all moving to DAFNE it makes more sense to adopt this approach
5	COMMENT - not sure if we have a national course for this or if it is health board specific
8	COMMENT - I could not find enough information on this to make an informed decision.
11	COMMENT - I feel this is now outdated and the first line treatment for such patients is real time CGMS +/- closed loop technology
14	COMMENT - Is there evidence to support an equivalent recommendation for children/young people?
19	COMMENT - In NHSG these people come along to psychology for an BGAT type intervention; I'm unsure what happens elsewhere in Scotland however most centres don't have dedicated psychology resource for adults with T1D

Recommendation 11

Recommendation: Carry out an annual review of self-care and needs for all adults with type 1 diabetes. Decide what to cover each year by agreeing priorities with the adult with type 1 diabetes. [STRONG RECOMMENDATION]

Source guideline: National Institute for Health and Care Excellence (NICE). NG17 - Type 1 diabetes in adults: diagnosis and management (recommendation 1.3.8, page 13). (https://www.nice.org.uk/guidance/ng17/resources/type-1-diabetes-in-adults-diagnosis-and-management-pdf-1837276469701)

Country and date of publication: UK, 2015 (no updates warranted in 2019 surveillance)

Guideline quality rating: Rigour of development 98%, Editorial independence 100%, Stakeholder involvement 98%

Of 15 respondents:

15 voted this recommendation as acceptable (100%)

0 voted this recommendation as unacceptable (0%)

14 voted this recommendation as implementable (93.33%)

1 voted this recommendation as implementable with adaptations (6.67%)

0 voted this recommendation as not implementable (0%)

15 out of 15 (100%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 10:

Table 10: suggested adaptations and responses to recommendation 11

Respondent	Response and comments
17	ADAPTATION – May need adaptation of services eg to similar approach to House of Care of model where this is not already used
13	COMMENT - Consider changing the wording "agreeing priorities"... DAFNE trained staff would now talk about setting goals which are realistic and achievable for each individual.
14	COMMENT - Similar to recommendation 4 which covers all ages.
15	COMMENT - need to ensure capacity in service to deliver this

Recommendation 12

Recommendation: Offer carbohydrate-counting training to adults with type 1 diabetes as part of structured education programmes for self-management.
[STRONG RECOMMENDATION]

Source guideline: National Institute for Health and Care Excellence (NICE). NG17 - Type 1 diabetes in adults: diagnosis and management (recommendation 1.4.1, page 13). (https://www.nice.org.uk/guidance/ng17/resources/type-1-diabetes-in-adults-diagnosis-and-management-pdf-1837276469701)

Country and date of publication: UK, 2015 (no updates warranted in 2019 surveillance)

Guideline quality rating: Rigour of development 98%, Editorial independence 100%, Stakeholder involvement 98%

Of 15 respondents:

15 voted this recommendation as acceptable (100%)

0 voted this recommendation as unacceptable (0%)

14 voted this recommendation as implementable (93.33%)

1 voted this recommendation as implementable with adaptations (6.67%)

0 voted this recommendation as not implementable (0%)

15 out of 15 (100%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 11:

Table 11: suggested adaptations and responses to recommendation 12

Respondent	Response and comments
17	ADAPTATION – If sufficient capacity is available
6	COMMENT - Duplicates recommendation 1

Recommendation 13

Recommendation: Consider carbohydrate-counting courses for adults with type 1 diabetes who are waiting for a more detailed structured education programme or who are unable to take part in a standalone structured education programme.
[CONDITIONAL RECOMMENDATION]

Source guideline: National Institute for Health and Care Excellence (NICE). NG17 - Type 1 diabetes in adults: diagnosis and management (recommendation 1.4.2, page 13-14). (https://www.nice.org.uk/guidance/ng17/resources/type-1-diabetes-in-adults-diagnosis-and-management-pdf-1837276469701)

Country and date of publication: UK, 2015 (no updates warranted in 2019 surveillance)

Guideline quality rating: Rigour of development 98%, Editorial independence 100%, Stakeholder involvement 98%

Of 15 respondents:

14 voted this recommendation as acceptable (93.33%)

1 voted this recommendation as unacceptable (6.67%)

13 voted this recommendation as implementable (92.86%)

1 voted this recommendation as implementable with adaptations (7.14%)

0 voted this recommendation as not implementable (0%)

14 out of 15 (93.33%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 12:

Table 12: suggested adaptations and responses to recommendation 13

Respondent	Response and comments
17	ADAPTATION – Again, if sufficient capacity is available
6	COMMENT - Duplicates recommendation 1
11	COMMENT - I do not see how additional courses can be delivered with current resource across Scotland. The reason people wait for 'more detailed structured education' is resource and it is counterintuitive therefore to offer additional courses delivered by the same staff. That said, alternatives such as digital courses on, for example, My Diabetes My Way can be considered. With regards to 'those who are unable to take part in a standalone' programme I feel this has already been covered in recommendation 5 ie. providing an alternative of equal standard.
12	COMMENT - Timing, staff and what these courses are/look like may be an issue
14	COMMENT - Why 'Consider' rather than 'Offer'?
15	COMMENT - very important to have this option as certainly recently Structured education groups have had significant wait times

The following recommendations relate to structured education in children and young people with type 1 diabetes.

Recommendation 14

Recommendation: Offer children and young people with type 1 diabetes and their families or carers a continuing programme of education from diagnosis. Include the following core topics:

- insulin therapy (including its aims and how it works), insulin delivery (including rotating injection sites within the same body region) and dosage adjustment
- blood glucose monitoring, including blood glucose and HbA1c targets
- how diet, physical activity and intercurrent illness effect blood glucose levels
- managing intercurrent illness ('sick-day rules', including monitoring of blood ketones [beta-hydroxybutyrate])
- detecting and managing hypoglycaemia, hyperglycaemia and ketosis
- the importance of good oral hygiene and regular oral health reviews, for preventing periodontitis. [STRONG RECOMMENDATION]

Source guideline: National Institute for Health and Care Excellence (NICE). NG18 - Diabetes (type 1 and type 2) in children and young people: diagnosis and management (recommendation 1.2.1, page 7). (https://www.nice.org.uk/guidance/ng18/resources/diabetes-type-1-and-type-2-in-children-and-young-people-diagnosis-and-management-pdf-1837278149317)

Country and date of publication: UK, 2015 (no updates warranted in 2019 surveillance, one additional bullet point added in 2022 update)

Guideline quality rating: Rigour of development 98%, Editorial independence 100%, Stakeholder involvement 98%

Of 15 respondents:

15 voted this recommendation as acceptable (100%)

0 voted this recommendation as unacceptable (0%)

14 voted this recommendation as implementable (93.33%)

1 voted this recommendation as implementable with adaptations (6.67%)

0 voted this recommendation as not implementable (0%)

15 out of 15 (100%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 13:

Table 13: suggested adaptations and responses to recommendation 14

Respondent	Response and comments
16	ADAPTATION – can reference to HbA1c also be expanded to include 'within range' as this is becoming more common to measure both HbA1c and within range.
14	COMMENT - Specify age of children/YP. If you are 16 or 17 years old it's difficult to know which recommendations/guidelines apply to you when there is no indication of what age a child/YP or adult is.

Recommendation 15

Recommendation: Tailor the education programme to each child or young person with type 1 diabetes and their families or carers, taking account of issues such as:

- personal preferences
- emotional wellbeing
- age and maturity
- cultural considerations
- existing knowledge
- current and future social circumstances
- life goals. [STRONG RECOMMENDATION]

Source guideline: National Institute for Health and Care Excellence (NICE). NG18 - Diabetes (type 1 and type 2) in children and young people: diagnosis and management (recommendation 1.2.2, page 7-8). (https://www.nice.org.uk/guidance/ng18/resources/diabetes-type-1-and-type-2-in-children-and-young-people-diagnosis-and-management-pdf-1837278149317)

Country and date of publication: UK, 2015 (no updates warranted in 2019 surveillance)

Guideline quality rating: Rigour of development 98%, Editorial independence 100%, Stakeholder involvement 98%

Of 15 respondents:

15 voted this recommendation as acceptable (100%)

0 voted this recommendation as unacceptable (0%)

15 voted this recommendation as implementable (100%)

0 voted this recommendation as implementable with adaptations (0%)

0 voted this recommendation as not implementable (0%)

15 out of 15 (100%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 14:

Table 14: suggested adaptations and responses to recommendation 15

Respondent	Response and comments
6	COMMENT - Should also apply to adults
13	COMMENT - I would talk about cultural AND religious considerations

Recommendation 16

Recommendation: Diabetes teams should offer comprehensive advice to children and young people with type 1 diabetes who want to play sports that have particular risks for people with diabetes. Support groups and organisations (including sports organisations) may be able to provide more information. [STRONG RECOMMENDATION]

Source guideline: National Institute for Health and Care Excellence (NICE). NG18 - Diabetes (type 1 and type 2) in children and young people: diagnosis and management (recommendation 1.2.10, page 9). (https://www.nice.org.uk/guidance/ng18/resources/diabetes-type-1-and-type-2-in-children-and-young-people-diagnosis-and-management-pdf-1837278149317)

Country and date of publication: UK, 2015 (no updates warranted in 2019 surveillance)

Guideline quality rating: Rigour of development 98%, Editorial independence 100%, Stakeholder involvement 98%

Of 15 respondents:

15 voted this recommendation as acceptable (100%)

0 voted this recommendation as unacceptable (0%)

13 voted this recommendation as implementable (86.67%)

2 voted this recommendation as implementable with adaptations (13.33%)

0 voted this recommendation as not implementable (0%)

15 out of 15 (100%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 15:

Table 15: suggested adaptations and responses to recommendation 16

Respondent	Response and comments
17	ADAPTATION – Where capacity available
18	ADAPTATION – I think we should strengthen this statement to the effect that exercise is highly recommended for all people with Type 1 diabetes given benefits to vascular and mental health and that the diabetes team will offer comprehensive advice in how to manage insulin/ CHO/ fluids with exercise
6	COMMENT - Should also apply to adults
14	COMMENT - Is there evidence for a similar recommendation for adults?
19	COMMENT - Might be helpful to be explicit about which sports

Recommendation 17

Recommendation: Offer education for children and young people with type 1 diabetes and their families or carers on the practical issues around long-distance travel, such as when best to eat and inject insulin when travelling across time zones.
[STRONG RECOMMENDATION]

Source guideline: National Institute for Health and Care Excellence (NICE). NG18 - Diabetes (type 1 and type 2) in children and young people: diagnosis and management (recommendation 1.2.11, page 9).
(https://www.nice.org.uk/guidance/ng18/resources/diabetes-type-1-and-type-2-in-children-and-young-people-diagnosis-and-management-pdf-1837278149317)

Country and date of publication: UK, 2015 (no updates warranted in 2019 surveillance)

Guideline quality rating: Rigour of development 98%, Editorial independence 100%, Stakeholder involvement 98%

Of 15 respondents:

15 voted this recommendation as acceptable (100%)

0 voted this recommendation as unacceptable (0%)

15 voted this recommendation as implementable (100%)

0 voted this recommendation as implementable with adaptations (0%)

0 voted this recommendation as not implementable (0%)

15 out of 15 (100%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 16:

Table 16: suggested adaptations and responses to recommendation 17

Respondent	Response and comments
6	COMMENT - Should also apply to adults
11	COMMENT – Applies to adults too
14	COMMENT - Is there evidence for a similar recommendation for adults?
17	COMMENT - Assume written guidance already available

Recommendation 18

Recommendation: For children and young people who are using a multiple daily insulin injection regimen or an insulin pump, offer level 3 carbohydrate counting education from diagnosis to them and their families or carers. Repeat this offer regularly. [STRONG RECOMMENDATION]

Source guideline: National Institute for Health and Care Excellence (NICE). NG18 - Diabetes (type 1 and type 2) in children and young people: diagnosis and management (recommendation 1.2.38, page 13). (https://www.nice.org.uk/guidance/ng18/resources/diabetes-type-1-and-type-2-in-children-and-young-people-diagnosis-and-management-pdf-1837278149317)

Country and date of publication: UK, 2015 (no updates warranted in 2019 surveillance)

Guideline quality rating: Rigour of development 98%, Editorial independence 100%, Stakeholder involvement 98%

Of 15 respondents:

15 voted this recommendation as acceptable (100%)

0 voted this recommendation as unacceptable (0%)

12 voted this recommendation as implementable (80%)

3 voted this recommendation as implementable with adaptations (20%)

0 voted this recommendation as not implementable (0%)

15 out of 15 (100%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 17:

Table 17: suggested adaptations and responses to recommendation 18

Respondent	Response and comments
5	ADAPTATION – not sure we use the phrase 3 carbohydrate
12	ADAPTATION – Are the levels the same in Scotland as England, ie Level 3?
16	ADAPTATION – needs to define level 3
6	COMMENT - Again, advice to adult population is applicable here (although DAFNE only available for >17 years old), especially advice to be given around time of transition between services.
14	COMMENT - Definition of level 3 carb counting education needed. Doesn't make sense to refer to this when level 1 and 2 are not mentioned anywhere else.
17	COMMENT - Again if appropriate resources are available
18	COMMENT - What is the basis for offering this from diagnosis for kids and young adults but not Adults?

Recommendation 19

Recommendation: Offer children and young people with type 1 diabetes and their families or carers education about the practical problems associated with fasting and feasting. [STRONG RECOMMENDATION]

Source guideline: National Institute for Health and Care Excellence (NICE). NG18 - Diabetes (type 1 and type 2) in children and young people: diagnosis and management (recommendation 1.2.40, page 13). (https://www.nice.org.uk/guidance/ng18/resources/diabetes-type-1-and-type-2-in-children-and-young-people-diagnosis-and-management-pdf-1837278149317)

Country and date of publication: UK, 2015 (no updates warranted in 2019 surveillance)

Guideline quality rating: Rigour of development 98%, Editorial independence 100%, Stakeholder involvement 98%

Of 15 respondents:

14 voted this recommendation as acceptable (93.33%)

1 voted this recommendation as unacceptable (6.67%)

13 voted this recommendation as implementable (92.86%)

0 voted this recommendation as implementable with adaptations (0%)

1 voted this recommendation as not implementable (7.14%)

14 out of 15 (93.33%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 18:

Table 18: suggested adaptations and responses to recommendation 19

Respondent	Response and comments
6	COMMENT - Also applicable to adults.
11	COMMENT - Applies to adults too
13	COMMENT - The language in this recommendation is very problematic and value ridden, specifically the suggestion that "practical problems" are associated with fasting and feasting. This implies people ideally should not be fasting and feasting, despite religious/cultural mandate to do so. The recommendation would be acceptable if , e.g. you change the wording to "practical challenges". It would be better still if you talk about people who choose to fast/feast are given, practical and culturally and religiously sensitive recommendations and support to do so.
17	COMMENT - Presumably culturally sensitive standard guidance is available that could be reinforced with individuals and their families
18	COMMENT - Yes. This is limited in scope. We need to be able both to discuss practical problems but also advise on diabetes self management. There is no evidence against things like intermittent fasting or ketogenic diets even if there is no evidence in support so recommending a balanced diet (Mediterranean) makes sense and discussing the risks associated with other approach does too but we also need to support people.

Recommendation 20

Recommendation: Offer children and young people with type 1 diabetes and their families or carers advice and education to help them follow a low glycaemic index diet. [STRONG RECOMMENDATION]

Source guideline: National Institute for Health and Care Excellence (NICE). NG18 - Diabetes (type 1 and type 2) in children and young people: diagnosis and management (recommendation 1.2.44, page 13). (https://www.nice.org.uk/guidance/ng18/resources/diabetes-type-1-and-type-2-in-children-and-young-people-diagnosis-and-management-pdf-1837278149317)

Country and date of publication: UK, 2015 (no updates warranted in 2019 surveillance)

Guideline quality rating: Rigour of development 98%, Editorial independence 100%, Stakeholder involvement 98%

Of 15 respondents:

15 voted this recommendation as acceptable (100%)

0 voted this recommendation as unacceptable (0%)

15 voted this recommendation as implementable (100%)

0 voted this recommendation as implementable with adaptations (0%)

0 voted this recommendation as not implementable (0%)

15 out of 15 (100%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 19:

Table 19: suggested adaptations and responses to recommendation 20

Respondent	Response and comments
6	COMMENT - Also applicable to adults.
11	COMMENT - Applies to adults too
14	COMMENT - Is there evidence for similar a recommendation for adults?

Recommendation 21

Recommendation: Offer education for children and young people with type 1 diabetes and their families, carers, and teachers about recognising and managing hypoglycaemia. [STRONG RECOMMENDATION]

Source guideline: National Institute for Health and Care Excellence (NICE). NG18 - Diabetes (type 1 and type 2) in children and young people: diagnosis and management (recommendation 1.2.86, page 22-23). (https://www.nice.org.uk/guidance/ng18/resources/diabetes-type-1-and-type-2-in-children-and-young-people-diagnosis-and-management-pdf-1837278149317)

Country and date of publication: UK, 2015 (no updates warranted in 2019 surveillance)

Guideline quality rating: Rigour of development 98%, Editorial independence 100%, Stakeholder involvement 98%

Of 15 respondents:

15 voted this recommendation as acceptable (100%)

0 voted this recommendation as unacceptable (0%)

15 voted this recommendation as implementable (100%)

0 voted this recommendation as implementable with adaptations (0%)

0 voted this recommendation as not implementable (0%)

15 out of 15 (100%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 20:

Table 20: suggested adaptations and responses to recommendation 21

Respondent	Response and comments
6	COMMENT - Adults guidance recommends BGAT, but don't think this is available to parent/child population.
14	COMMENT - The equivalent of recommendation 10 for adults?

Recommendation 22

Recommendation: Include CGM in the continuing programme of education provided to all children and young people with type 1 diabetes and their families or carers. [STRONG RECOMMENDATION]

Source guideline: National Institute for Health and Care Excellence (NICE). NG18 - Diabetes (type 1 and type 2) in children and young people: diagnosis and management (recommendation 1.2.67, page 19). (https://www.nice.org.uk/guidance/ng18/resources/diabetes-type-1-and-type-2-in-children-and-young-people-diagnosis-and-management-pdf-1837278149317)

Country and date of publication: UK, 2015 (this recommendation added in 2022 update)

Guideline quality rating: Rigour of development 98%, Editorial independence 100%, Stakeholder involvement 98%

Of 15 respondents:

15 voted this recommendation as acceptable (100%)

0 voted this recommendation as unacceptable (0%)

14 voted this recommendation as implementable (93.33%)

1 voted this recommendation as implementable with adaptations (6.67%)

0 voted this recommendation as not implementable (0%)

15 out of 15 (100%) respondents voted that this recommendation was acceptable so consensus has been reached. This recommendation will be included in the draft guideline. The education subgroup will discuss the context in Scotland and any supporting information which may help with implementation.

Respondents' suggested adaptations and other comments are detailed in table 21:

Table 21: suggested adaptations and responses to recommendation 22

Respondent	Response and comments
16	ADAPTATION - should this also refer to Flash - not sure if this would make the recommendation invalid? How different is flash to CGM when it comes to the recommendation? If the thought is that we are moving away from flash to CGM then this is perhaps a moot point.
6	COMMENT - Would be good to recommend source of information/accredited course. Sorry, I'm not aware of one. Should also be offered to adults.
10	COMMENT - Should this be clarified as to whether real time CGM or devices requiring scanning such as Libre?
11	COMMENT - I feel this should be stated separately like this within the adult section

14	COMMENT - Evidence for similar recommendation for adults?
18	COMMENT - this should be a recommendation for adults too