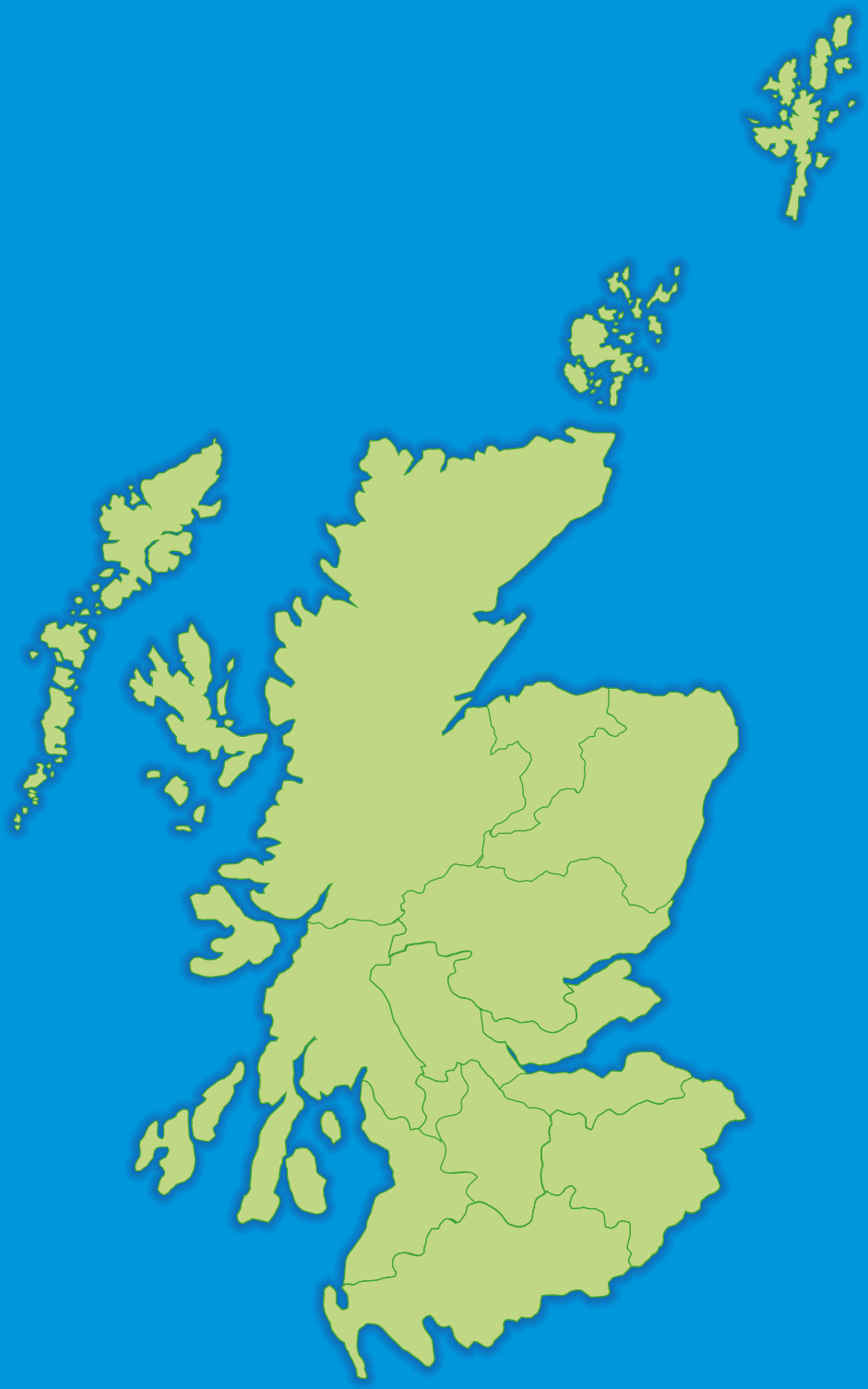
NHS SCOTLAND

Scottish Diabetes Group
and Diabetes Scotland

Short Life Working Group on Mental Health PROs Capture Update Report

September 2024



'We will work with NHS Boards, clinicians and third sector to promote good practice and reduce variation in access to mental health support across the country, so that everyone has the opportunity to live well with diabetes'.

Diabetes Improvement Plan 2021-2026

Executive Summary

The problem

- People with diabetes are more likely to experience mental health difficulties than people without diabetes. Moreover, those people with diabetes who have mental health problems have poorer diabetes control.
- Unfortunately, identifying common mental health problems in people with diabetes, including anxiety, depression, and diabetes distress, in routine consultations is not easy and most remain unrecognised.
- Introducing a national mechanism for systematic mental health screening using self-report measures could prove helpful to people with diabetes in three important ways. First, it would help healthcare staff identify anxiety, depression and diabetes distress. Second, it would facilitate discussions between clinical staff and people with diabetes about the ways in which their mental health is making manging their condition more challenging. Third, it would enable staff to signpost or refer on to appropriate services for treatment.

Group aims & activities

- In early 2023, a Patient Reported Outcome Measures (PROs) implementation Steering Group was convened to identify how best to capture MH PROs prior to annual clinic appointments, with results accessible to primary and secondary care clinicians across Scotland for more effective clinical consultations and onward referrals, if appropriate.
- Several activities were undertaken by the group to explore options for achieving this aim. This included evaluating existing systems, identifying potential extensions, and considering bespoke solutions. An options appraisal was conducted, considering factors such as capture tool, speed, cost, sustainability, and usability.
- Key actions resulting from the conclusions included submitting change requests to SCI-Diabetes, engaging with My Diabetes My Way (MDMW), exploring licensed tools, developing citizen friendly approaches of data capture, and initiating discussions with national bodies like Health Improvement Scotland and Digital Health Innovation.

Recommendations & next steps

- On balance, the preferred short-term solution should involve integrating MH PROs capture into existing systems i.e. SCI-Diabetes and MDMW.
- The engagement of stakeholders nationally will be of paramount importance to inform the design of necessary processes for digital mental health PROs capture and to identify a number of health boards to act as pilot sites. Regular liaison with Diabetes Scotland and other stakeholders is a priority as the project develops.
- All of the above will require dedicated resource to take forward.

1.0 What is the Problem?

- It is widely acknowledged that people with diabetes are more likely to experience mental health difficulties than people without diabetes, and those with pre-existing mental health problems can find managing diabetes an additional emotional burden.
- Identifying mental health difficulties is important because they are associated with poorer quality of life, increased self-management difficulties, elevated HbA1c levels, and poorer health outcomes.
- Identifying mental health problems in people with diabetes is a significant challenge as it can be difficult to recognise the symptoms of common disorders (such as anxiety and depression), or the presence of diabetes distress during routine consultations; this is in part due to the overlap between the somatic symptoms of common mental health problems and diabetes.
- Questionnaire/self-report measures of symptoms can be helpful for improving the recognition of psychiatric conditions, such as anxiety and depression, and offer scores with meaningful interpretations in terms of threshold values evidencing their usefulness for different purposes.
- It is imperative that services that choose to implement mental health screening co-develop and design agreed care pathways for people with diabetes that reflect the availability of local mental health provision. Scale scores are most usefully considered as indications of the need to direct/refer people living with diabetes onto appropriate care pathways in a system or locality. When considered as outcomes, repeated administration is warranted and likely to be needed to understand resolution or change (recovery trajectories).
- In 2022, a SDG SLWG recommended further consideration of the use of annual measurements of Patient Reported Outcome Measures (PRO) questionnaires for anxiety and depression. The same SLWG also highlighted the importance of clinicians asking open-ended questions about diabetes-related distress.

2.0 The Aim and Remit

- Following publication of the first SLWG's report, a next step identified was to convene a new group concerned with the capture of MH PROs data and to address issues around implementation. The group was comprised of individuals from a variety of professional roles to ensure we had a range of expertise and ability to challenge options available: psychologists, primary care, secondary care, IG, IT, innovation, and third sector. (Core group membership and advisory group membership is in appendix 1.)
- The aim of this group was to:
  - Develop a way for people living with diabetes to systematically self-report and share salient information on signs and symptoms of mental health problems prior to (or at) annual clinic appointments, and for the results to be accessible by primary and secondary care clinicians on patient electronic records for the inclusion in and improvement of care planning/ referral.

3.0 Group Activities

- Following initial exploration, it was identified that there are various options as to how we could achieve our aim in practice. These include using existing systems (where capability is already being trialled), identifying incremental extensions of existing systems (where needed for particular functionality), as well as asking the innovation community to develop a bespoke solution to a set of co-produced requirements.
- Various members of the core steering group met with specified advisory committee members and the various systems available to seek a greater understanding of the respective products available.
- Following comprehensive meetings exploring the pros and cons of a number of approaches, it was deemed sensible to present this information in an options appraisal format to ensure informed decision making.
- The options appraisal criteria considered were: what was capture tool; speed to delivery (considering barriers to delivery including information governance); costs; sustainability; ease of integration across primary and secondary care IT and EPR systems; generalisability to other chronic conditions; citizen identity; and usability for both HSCP and citizens. This options appraisal was presented, appraised and subsequently endorsed by the Scottish Diabetes Group. (See appendix 2 for final options appraisal.)
- The conclusions of the options appraisal were:
  - At the present time, an application with direct access to SCI-Diabetes itself or via MDMW appears to be by far the quickest and easiest way to collect relevant questionnaire data routinely from people with diabetes regardless of where they receive their care (whether annually or more frequently administered).
  - However, this approach will not be generalisable across other long-term conditions because SCI-Diabetes has no equivalent for other medical conditions even in the specialist areas with the largest clinical populations such as respiratory medicine, cardiology, and oncology.
  - It may make strategic sense to complement the easiest short-term solution with a willingness to contribute to efforts to develop an approach that enables collection of PROs and other questionnaire-based assessments across different patient populations (anticipating a future emphasis on wider measures e.g. PREMS etc).
- Following the above conclusions and after horizon scanning, there seemed to be no feasible alternative for at least the next few years, therefore the following, further actions were taken:
  - A change request form was submitted to SCI-Diabetes to formally seek MH PROs capture, which was approved in December 2023 (see appendix 3 for full request). Key points are:
    - Annual digital capture of MH PROs via email or mobile phone
    - Trigger for capture would be 7 calendar days prior to annual diabetes review

    - Completed data then captured in appropriate fields in SCI-Diabetes and scores available for clinicians to use in their consultations.
- The options appraisal conclusions were shared with My Diabetes My Way (MDMW).
    - Subsequently, the chair of this SLWG was invited to join the MDMW Project Board and MH PROS capture has been identified as one of their priorities. In addition, they have agreed to adopt the recommended specified MH PROs, and ensure that the appropriate business rules apply.
    - A national directory of services available to complement the online pathway is in its initial draft.
    - Initial exploration around capturing data in MDMW and transferring to SCI-Diabetes is in motion, aligned with another national diabetes project, iDiabetes.
- Exploration of the use of the licensed tool recommended was carried out. It was deemed not cost effective to use at scale as the capture tool company would be charged per use, therefore the recommendation is that boards could use it on a board by board basis should they wish to purchase it, however on a national perspective not so.
- Ensuring that PROs capture is a priority for citizens with diabetes is key. A questionnaire was developed in collaboration with Diabetes Scotland. This questionnaire asked about various themes, including the suitability and acceptability of MH PROs capture. Overall, there was high levels of interest in PROs capture on at least an annual basis.
- Although not the initial priority at this time for MH PROs capture, dialogue is continuing with Health Improvement Scotland and Digital Health Innovation around any developments of national PROs capture initiatives.
- An initial request has been made to the SDG to indicate the percentage (%) of people within board areas who have completed annual mental health screening questionnaires. This has been acknowledged and may be possible to be added in future iterations of the Scottish Diabetes Survey, as well as potentially on the SCI-Diabetes dashboard.
- Exploration of the technology marketplace to identify potential commercial products that could help deliver MH PROs in diabetes.

- Initial discussions have occurred with NHS Education Scotland to develop a National Training Programme for diabetes psychological care for health and social care professionals. This could include training for staff to utilise screening effectively and ensure successful implementation of optimal referral pathways. Due to financial constraints, realistic options could be offering webinars and/or have a standalone sway document with relevant information.

3.0 Next Step/ Recommendations

- Once the timeline for the development of MH PROs capture in SCI-Diabetes is established, stakeholders should be engaged nationally to inform how best to design the necessary processes.
- Identify a number of health boards to act as pilot sites for the standalone SCI-Diabetes app, ensuring a quality improvement approach is used to identify barriers and facilitators to service user engagement and any required administrative processes.
- Once capability of data transfer has been piloted between MDMW and SCI-Diabetes, a pilot of digital MH PROs capture would be sensible.
- Ongoing stakeholder engagement is a priority, however being mindful of when the best time would be to engage this group. Regular liaison with Diabetes Scotland and other stakeholders would be prudent as projects develop.
- To facilitate the exploration of MH and associated variables, the development of a SCI Diabetes Mental Health Page would help HSCP have all information in one place.
- Ensure staff training meets the needs of health and social care professions is of paramount importance. This would be to facilitate the understanding and interpretation of the data (including basic behaviour support and goal setting skills, may need adjustment in the context of elevated scores) and signposting to other services.
- Regular communication with a wide range of stakeholders, including Scottish Government, Digital Health Innovation (DHI), and Health Improvement Scotland (HIS), would be wise to maximise knowledge of our work as well as PRO work in other areas.
- Linking in with national innovation and research programmes of work, facilitated by the SDG or similar would enable PROs capture to be embedded in a body of work.
- Uptake of national digital programmes in Scotland is quite low at present, therefore further exploration around increasing engagement would be helpful to ensure any digital pathway has resources that are relevant, evidence-based and helpful to people with lived experience.
- Dedicated resource is required to take the above forward.

Appendix 1: Core Membership and Advisory Group of Short Life Working Group

Core Membership of Short Life Working Group

Professor Tim Croudace	*Professor of Health Sciences, University of Dundee*
Dr Ann Gold	*Consultant Diabetologist, NHS Grampian*
Prof Brian Kennon	*Chair of the Scottish Diabetes Group, Scottish Government*
Dr Andrew Keen	*Clinical Director of Innovation, NHS Grampian*
Dr Kirsty MacLennan (Chair)	*Consultant Clinical Psychologist, NHS Grampian*
Dr Cameron Munro	*MCN Clinical Lead, NHS Tayside*
Dr Sophie Mohamed	*Health Psychologist, NHS Grampian*
Emma Nieminen	*Deputy Director, Diabetes Scotland*
Jessica Waddingham	*Health Psychologist, NHS Grampian*

Advisory Group to Short Life Working Group

Steve Baguley	*Clinical Director of eHealth, NHS Grampian*
Professor Sam Philip	*SCI-Diabetes Clinical Lead, Scottish Diabetes Group*
Chris Wright	*National Advisor for Digital Mental Health, Scottish Government*

Appendix 2: Options Appraisal

Mental Health PROS Capture: Options Proposal

The Background

- It is widely acknowledged that people with diabetes are more likely to experience mental health difficulties than people without diabetes, and those with pre-existing mental health problems can find managing diabetes an additional emotional burden.
- Identifying mental health difficulties is important because they are associated with poorer quality of life, increased self-management difficulties, elevated HbA1c levels, and poorer health outcomes.
- Identifying mental health problems in people with diabetes is a significant challenge as it can be difficult to recognise the symptoms of common disorders (such as anxiety and depression), or the presence of diabetes distress during routine consultations; this is in part due to the overlap between the somatic symptoms of common mental health problems and diabetes.
- Questionnaire/self-report measures of symptoms can be helpful for improving the recognition of psychiatric conditions such as anxiety and depression and offer scores with meaningful interpretations in terms of threshold values evidencing their usefulness for different purposes.
- It is imperative that services that choose to implement mental health screening co-develop and design agreed care pathways for people with diabetes that reflect the availability of local mental health provision. Scale scores are most usefully considered as indications of the need to direct/refer people living with diabetes onto appropriate care pathways in a system or locality When considered as outcomes, repeated administration is warranted and likely to be needed to understand resolution or change (recovery trajectories).
- In 2021, a SDG SLWG recommended further consideration of the use of annual measurements of Patient Reported Outcome Measures (PRO) questionnaires for anxiety and depression. The same SLWG also highlighted the importance of clinicians asking open-ended questions about diabetes-related distress.
- Since early 2023, a PROs implementation Steering Group has evaluated options for how to capture new annual assessment of mental health problems using PRO questionnaires and trial their use with key stakeholders and services in areas across Scotland willing to pilot them.

The Ask:

- Develop a way for people living with diabetes to systematically self-report and share salient information on signs and symptoms of mental health problems prior to (or at) annual clinic appointments and for the results to be accessible by primary and secondary care clinicians on patient electronic records for the inclusion in and improvement of care planning/referral.
- There are various options as to how we could achieve this goal in practice. These include using existing systems (where capability is already being trialled), identifying incremental extensions of existing systems (where needed for particular functionality) as well as asking the innovation community to develop a bespoke solution to a set of co-produced requirements.
- Following comprehensive meetings exploring the pros and cons of a number of approaches, the table below outlines options at this time.

Option	Health Improvement Scotland App	MDMW	Stand-alone app connected to SCI-Diabetes	Microsoft Gold Partners OT take to innovation teams?
What is it?	Professional app shared decision-making app to support implementation of new SIGN Type 1 diabetes guideline.	Interactive website and app to support people with diabetes across Scotland.	Stand-alone app that plugs into SCI-Diabetes and sends PROs to phone/email address and returns message to SCI-Diabetes.	This would be an app that sits atop MS365, which is used across the public sector in Scotland.
Speed to delivery	Professional side deadline early 2023; self-management/ shared decision app – timescales to be confirmed. Uncertainty whether MH PROS work standalone or need to wait for whole product. Information Governance (IG) and integration may mean delays.	Already captures some MH PROs; actively working on sending the PROs data that we currently collect back to SCI-Diabetes, so won't need to create anything new to support that; would need way to transfer this data into EPR perhaps via SCI-D.	Already companies specialising in PROs capture so could be fairly quick.	Lots of companies in Scotland could do this, however, IG and integration may mean substantial deployment delays.
Cost	Already nationally procured.	MDMW "aligning developments to SDG priorities generally, so would be supportive and not necessarily require additional funding"	Probably not overly expensive, potentially existing product that could be integrated into SCI-D.	Similar to the apps already highlighted.
Sustainability	Funding from Scot Gov currently confirmed for national scale-up to March 2025. Boards have a perpetual licence to use the platform and retain ownership of their content on it.	Has been around for many years and growing membership, as well as helpful resources for signposting. However funding only secured on annual basis at present.	Dependent on app company but could and maybe should be procured as a one off development.	Assuming the public sector in Scotland stick with MS365 infrastructure, app will be sustainable and updateable.

Option	Health Improvement Scotland App	MDMW	Stand-alone app connected to SCI-Diabetes	Microsoft Gold Partners OT take to innovation teams?
Ease of integration into primary & secondary care	PROS completed by patient on public-facing app would flow directly into SCI-Diabetes fields with alerting to clinician if required (this has been identified as medium term aim) and no agreement with SCI-Diabetes as yet. IG in primary care may be problematic.	SCI-Diabetes have a "back-population" system that allows coded data to be sent back to GP systems. This could potentially be extended to support the new data collected.	All data would be passed to primary and secondary care via existing SCI-D integrations.	Requires MS365 to be linked to secondary care TRAK systems and primary care systems Vision and EMIS. Not currently in place but planned, in secondary care at least. IG in primary care may be problematic.
Generalisability to other LTCs	Can be generalisable and scope to do so.	Bespoke to diabetes, so not applicable to other LTCs.	Bespoke to diabetes, so not applicable to other LTCs.	Can be generalisable.
Citizen identity	Similar other national pieces of work (e.g., digital front door) are significantly delayed due to struggling to define an authentication system that enables citizens to login securely on the web and have their credentials mapped to the CHI number and other relevant health and social care identifiers. This will enable sharing of data with SCI-Diabetes and other systems.	All citizens with diabetes are registered on SCI-Diabetes; would be way to explore this. Have a comprehensive verification and onboarding workflow that allows them to confirm citizen identity and ensure people can only access their own data.	Clear governance around SCI-Diabetes which may overcome any issues.	There are systems in place that allow surveys of patients already, so may not be especially problematic.
Usability	Similar tool rolling out in Tayside and GPs are not using it. Nationally accepted. Tech may be quite basic, PROS only small part of bigger picture. Usability can be key aspect of app spec.	Citizens already actively directed to MDMW. Overall aim is to make the platform as usable and accessible as possible and align to NHS guidelines.	Agnostic platform; won't fracture landscape. Usability can be key aspect of app spec.	Would require specific app or web link approach. Usability can be key aspect of app spec.

Conclusions

- At the present time, an application with direct access to SCI-Diabetes itself or via MDMW appears to be by far the quickest and easiest way to collect relevant questionnaire data routinely from people with diabetes regardless of where they receive their care (whether annually or more frequently administered).
- However, this approach will not be generalisable across other long-term conditions because SCI-Diabetes has no equivalent for other medical conditions even in the specialist areas with the largest clinical populations such as respiratory medicine, cardiology, and oncology.
- It may make strategic sense to compliment the easiest short-term solution with a willingness to contribute to efforts to develop an approach that enables collection of PROs and other questionnaire based assessments across different patient populations (anticipating a future emphasis on wider measures e.g. PREMS etc).

Steering Group for MH PROS Capture Declarations of Interest

Dr Kirsty MacLennan (Chair of Group), Consultant Clinical Psychologist

- Regular clinical user of SCI Diabetes for clinical work and QI work
- Member of the SDG T1 subgroup

Professor Tim Croudace, School of Health Sciences, University of Dundee

- CSO funding for which MDMW are the industry partner and Dundee academics and colleagues are Co-Is. Its called "iDiabetes" or the Intelligent/Precision Diabetes Care, Tayside research project: Lead investigator: Ewan Pearson, with UoD-Medicine colleagues (Ewan Pearson, Samira Bell, Scott Cunningham, John Dillon, Peter Donnan, Chim Lang, Rory McCrimmon, Ify Mordi, Alex Doney, Colin Palmer), UoD-Health Sciences (Tim Croudace with Albert Farre) Other institutions - NHS Education for Scotland & University of Aberdeen

Scheme: CSO- Precision Medicine Alliance Scotland Precision Medicine Funding – Chief Scientist Office (scot.nhs.uk) Total amount awarded - £2.81 million. Duration 4 years.

Dr Ann Gold, Consultant in Diabetes NHS Grampian

- Regular clinical user of SCI Diabetes for clinical work and QI work
- Endorse and encourage the use of MDMW by patients
- Member of the SDG T1 subgroup

Professor Brian Kennon, Consultant in Diabetes & Endocrinology, National Lead for Diabetes, Specialty Adviser to CMO Diabetes & Endocrinology

- Regular clinical user of SCI Diabetes for clinical work and QI work
- Endorse and encourage the use of MDMW by patients
- Member of the SDG T1 subgroup

Dr Andrew Keen, Consultant Health Psychologist and Clinical Lead for Innovation, NHS Grampian

- Regularly and routinely in contact with wide number of technology companies
- Regularly and routinely partners with industry on behalf of NHS Grampian and the North of Scotland NHS boards to deliver solutions to major healthcare delivery challenges
- Member of national innovation strategy groups including the Digital Mental Health Innovation Advisory Group and Mental Health RDI Senior Leadership Group

Dr Cameron Munro, GP and MCN Clinical Lead for Diabetes, NHS Tayside

- On the Management Board for the above project "iDiabetes"
- Regular clinical user of SCI Diabetes for clinical work and QI work
- Endorse and encourage the use of MDMW by patients

Dr Sophie Mohamed, Health Psychologist, NHS Grampian

- Regular clinical user of SCI Diabetes for clinical work and QI work

Emma Nieminen, Diabetes Scotland

- None

Jessica Waddingham, Health Psychologist, NHS Grampian

- Regular clinical user of SCI Diabetes for clinical work and QI work

Appendix 3: SCI-Diabetes Request Form

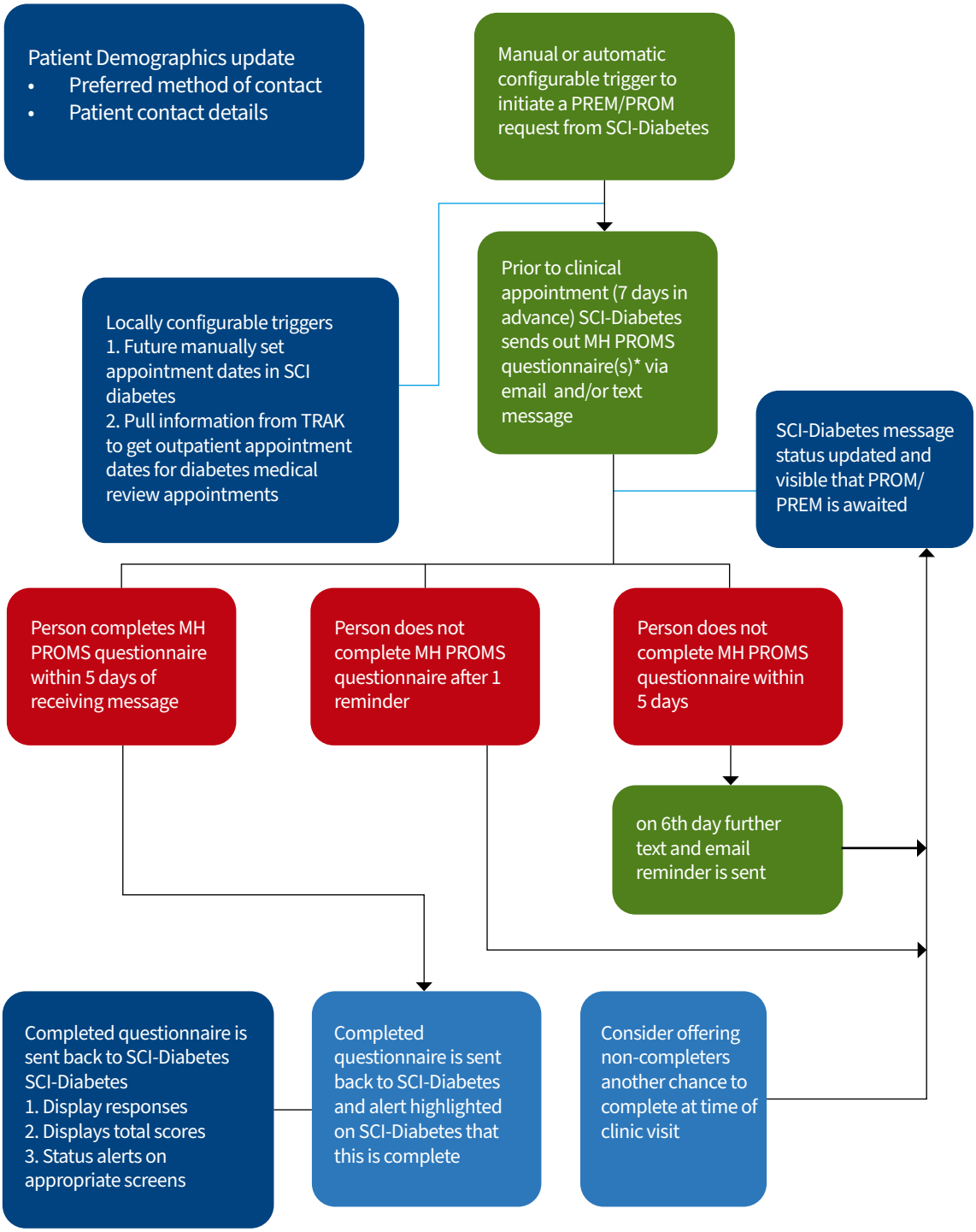
Requestor Details			
Requestor Name:	Dr Kirsty MacLennan, Consultant Clinical Psychologist	Supporting MCN Manager:	c/o Robert O'Donnell
Requestor Email:	Kirsty.maclennan3@nhs.scot	MCN Manager Email:	robert.odonnell@nhs.scot
Location/ Hospital:	NHS Grampian, however request pan-Scotland on behalf of Scottish Diabetes Group	Region:	NHS Grampian, however request pan-Scotland on behalf of SDG
Change Request Details			
Change Type	☑ New Requirement ☐ Change to Existing Functionality ☑ Other		
Priority	☑ High ☐ Medium ☐ Low ☐ Required by: Please Add specific dates below;		
Change Description	We (the Steering Group for MH PROS capture) wish to request SCI-Diabetes send out an electronic MH PROs form preferably via email or mobile phone 7 days prior to their diabetes medical review appointment on an annual basis. The citizen would then complete the form and completion the data would be returned to SCI-Diabetes. The data would then be captured in the appropriate fields in SCI-Diabetes and the scores available for clinicians to use in their consultations. The MH PROS recommended are all free of charge, with the exception of the Hospital Anxiety and Depression Scale (HADS). Options to use this in this context would have to be explored with the publication company. In addition to MH PROS, we would seek to capture pre-consultation information on hypoglycaemia, smoking status, alcohol consumption, contraception and other relevant agenda-setting items for the person with diabetes (see example questionnaire attached). Please see flow chart 1 attached for more information.		

Operational benefits	By capturing this data it would further the sophistication of medical consultations as well as provide opportunities for research, service evaluation and innovation. From a clinical perspective, collecting MH PROS will facilitate more appropriate consultations. Increasingly people are accessing diabetes consultations via remote consultation (eg Near Me) and having a digital option to capture MH PROS in advance of appointments could facilitate better equity of care. Interpreting the pre-completed PROS with a patient with diabetes will facilitate a more focused and person-centred consultation. There is often very limited time in consultations, and allowing people to provide their answers prior to a consultation, breaks down barriers to bringing up mental health in a consultation as well as orientates the person to expect to discuss the topic of mental health in the context of their diabetes self-management This will encourage data gathering using robust measures as per previous SDG recommendations. At present there is no efficient process to capture MH PROS in a timely manner and the above two options would streamline the process. As well as digital, asynchronous options, there could also be supported methods in clinic settings (eg iPads in waiting rooms). Of course there could also be paper copied. Increasingly people of Scotland are being offered tech as a way to interact with the NHS and this innovation would contribute towards this. We would also better understand the impact of diabetes technology in a wider sense, which may inform future care pathways.
Audit or reporting enhancements?	By capturing this data it would further the sophistication of medical consultations as well as provide opportunities for research, service evaluation and innovation. At local and national level, this would provide service evaluation data which could explore MH PROS prevalence rates and chronicity. At national level, this MH capture would also be a trigger for research. Ensuring equity of access would be of paramount importance therefore we plan to pilot in English and two other languages initially. One of the recommendations of the SDG MH PROS SLWG was to have number of MH PROS per healthboard captured on the SCI-Diabetes dashboard. We have been in contact with Sarah Wild, Scottish Diabetes Survey Lead, who is very keen for this to be proposed and hopes to add this to a list of aspirations in the 2023 SDS. We want to ensure easy access and usability by offering a low tech option (ie exchange between A and B), however what this low tech solution to have possibility to be more “high tech” so provide more follow up information etc.

Does the change request progress the Diabetes Improvement Plan:
Priority 3.3 in the Diabetes Improvement Plan states "We will work with NHS Boards, clinicians and third sector to PROote good practice and reduce variation in access to mental health support across the country, so that everyone has the opportunity to live well with diabetes". This priority led to the formation of a SLWG of MH PROS to make some recommendations which can be found here: sdg-swlg-mental-health-screening-and-associated-care-pathways-2022.pdf (wordpress.com) One of these recommendations was to develop an asynchronous, digital mechanism for capturing MH PROS. By introducing a national mechanism to screen for MH PROS will facilitate both capture and exploration of psychological barriers to diabetes self-management and enable people with diabetes to be signposted/ linked to appropriate services. The attached proposal has been shared with the Scottish Diabetes Group and has been approved for exploration with SCI-Diabetes, and endorsed by Dr Fraser Gibb as SDG Type 1 diabetes sub-group lead.
Additional Information

Discussed with Scottish Diabetes subgroup	☑ Yes ☐ No	Discussed with Local MCN	☑ Yes ☐ No
Submitted By:	Name: Kirsty MacLennan	Date Submitted:	Date: 05/10/2023
Approved By:	Name:	Date Approved:	Date:
Please return the change request form by email to: nes.scidiabetescr@nhs.scot			

Figure 1: Data Capture Flow chart



* MH PROMS as recommended by SDG SLWG
https://diabetespsychologymatters.files.wordpress.com/2022/04/sdg-swig-mental-health-screening-and-associated-care-pathways-2022.pdf

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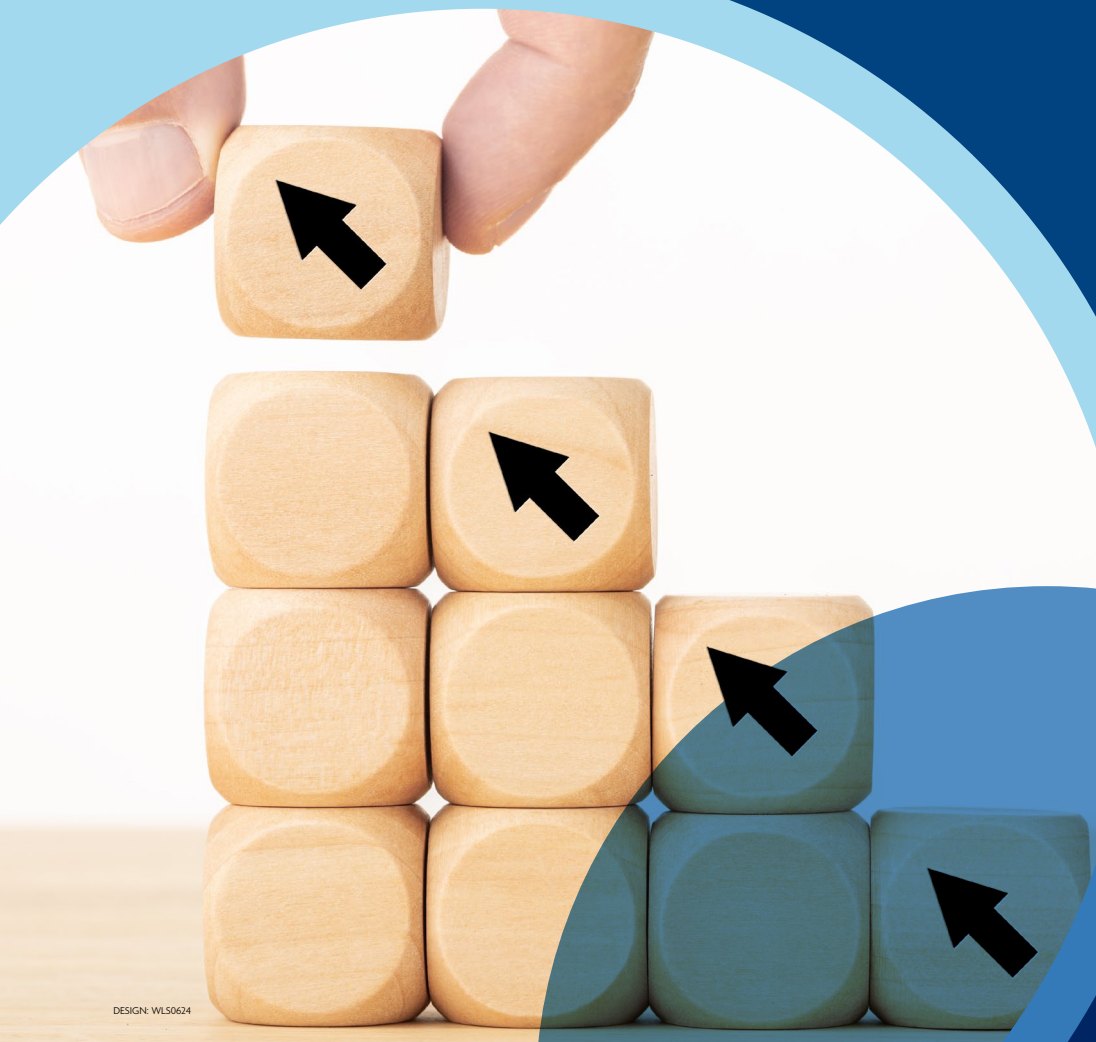

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