Scottish Parliament Cross Party Group on Diabetes

Minute of meeting: Tuesday 9th September 2015

Committee Room 1

Present:

Rupert Pigot
Rhoda Grant MSP
Roderick Campbell MSP
Eilidh Dickson
David Eadie
Debi Harris
Colin McFarlane
Bruce Knight
Ian Sloan
Emma Cartwright
Fiona Hamill
Isobel Millar
Paula Collings
Michael Hirst
Dave Duff
Diane Smith
Barbara Berx
Mary Cawley
Neil MacDonald
Jane Cook
Emma Harper
Jane-Claire Judson
Ryan McFadden
Bob McQueen
Susanne Cameron-Neilson
Derek Beatty

1. Welcome

Rhoda Grant (RG) welcomed everyone to the meeting and conveyed the apologies of David Stewart MSP.

2. Minutes

The minutes of the previous meeting on 10th June, a joint meeting with the Heart Disease and Stroke Cross Party Group have not been received from the secretariat. Rupert Pigot (RP) will report on progress to the group.

3. Presentation

Jane-Claire Judson (JCJ) presented on the Diabetes Scotland publication “State of the Nation: The Age of Diabetes”. This encompassed reflections on the priorities of diabetes care. The State of the Nation takes information from the Scottish Diabetes Survey and other sources to give a narrative to diabetes care in Scotland. There are many sound bites that have been used to describe the current state of diabetes in Scotland: “the ticking time bomb” and how to “stem the rise” of diabetes. There are currently 19,000 new cases of diabetes each year and there is evidence that the rise in the total amount of people can be put down to people living longer, which should be released over in early October to corroborate this. According to the current increase in the amount of people with diabetes there will be 480,000 people with diabetes by 2035. The Scottish Diabetes Survey looks at the clinical outcome data, Diabetes Scotland takes this and incorporates the realities for people living with diabetes, the costs and social effect. 1 in 20 people with diabetes need assistance from social services.

Is this a cost or is it an investment. Diabetes Scotland is looking to NHS Scotland and Scottish Government to work in partnership and re-engineer budgets to prevent complications, however this goal will be akin to turning round a super tanker. Diabetes is the “problem child” of non-communicable diseases. It is the pipeline for complications and if you do not get diabetes right you upset a whole family of conditions across the NHS. Cardio vascular disease (CVD) is declining but it will not go down more as it is a symptom of diabetes. CVD is a clinical priority but the best way to reduce the incidence would be to tackle one of the causes. We are living in the age of diabetes now and we can address it. NHS Scotland uses none care processes and Diabetes Scotland further augments these with the 15 Health Care Essentials. Nine health boards perform below the average in Scotland. In some boards, more people are receiving kidney tests than their HbA1c test. Glasgow appears below average in all the nine care processes. There are health boards that are constantly popping up such as NHS Lanarkshire, NHS Forth Valley, NHS Ayrshire and Arran and NHS Shetland. Looking beyond this it is not *just* about whether people living with diabetes have been checked but also about the long term health matters.

According to the report in comparison between Type 1 and Type 2 diabetes, people with Type 1 diabetes always come out worse on getting health checks. The nine health checks are the same for both types. 93% in Greater Glasgow and Clyde (GG&C) have had the HbA1c check, the best was in Dumfries and Galloway, GG&C were the worst. Scotland has the worst HbA1c levels in the western world. The amount of people not getting their HbA1c in GG&C would fill the new Queen Elizabeth hospital five times. Lanarkshire long behind the rest of Scotland’s Health Boards is incrementally improving but GG&C has slipped down, why? Is this an issue with the design of services, demographics, “did not attend” rates or not understanding person centred care?

There needs to be better work force planning throughout Scotland, there are too many vacant posts and problems in rural areas. However it is not all bad news it is about getting the right people and the executive will to get things done.

RG asked about areas of deprivation and is there a need for special measures to address this?

JCJ answered that GG&C have been examining the deprivation agenda. There is context on personal need for instance lost jobs, exams etc. We can do targeted care. The integration of health and social care will be positive in bringing this forward.

Sir Michael Hirst (MH) congratulated Diabetes Scotland on producing a great document. Further to this, on the numbers of people living with diabetes rising and rising, including the rise in the amount of people at risk of developing diabetes – what does this mean. The International Diabetes Federation will be publishing its annual Atlas illustrating this.

JCJ pointed out that the Scottish Public Health Observatory (SPHO) provides figures that show the total at high risk of developing diabetes, however the number is dated and needs revising. The lead clinician is examining what needs to be done. Scottish Government has introduced an obesity strategy and has seen a reduction in childhood obesity.

Paula Collins (PC) explained that Health Boards are doing different variants and implementation of diabetes education which is having an effect.

JCJ highlighted that the problem of diabetes education is a real issue. The Scottish Diabetes Survey will be reporting this for the next survey. Some Health Boards only have 3% of people with diabetes taking education. Professor Helen Calhoun worked out that it would take 60 years for just the existing people living with diabetes to take an education course on the current take up.

Ian Sloan (IS) Referenced section 12 in the State of the Nation saying that it was a horror story that was all too real.

Steve Birnie (SB) talked about the work currently underway and that he hopes that it will be piloted in the New Year.

JCJ agreed with IS that inpatient care is a horror story but because it happens a lot means that it is not an outlier. In hospitals insulin is one of the most misused treatments, patients must have input on how it is administered. How do we make sure that the whole of the NHS understands this, not just the diabetologists?

Mary Cawley (MC) liked the report to an analogy of a problem child. GG&C have psychologists but there is lack of people to provide support. Who will provide this?

JCJ offered to put together a quarterly report from Diabetes Scotland Careline to help understand what is needed. Young people talked about how it is not welcoming to come to a clinic. There needs to be some positive stories, psychology is the Cinderella service but what will happen?

MH commented that we are picking up issues far too late. GPs are incentivised about when HbA1c develops into diabetes. Why is this, the culture needs to change. In England they are looking into this. John Swinburne took his diabetes into remission, we need to be a world leader on prevention. Diabetes Scotland needs to be more aggressive on this angle in reminding Scottish Government that it is not performing at its best and there needs to be real change.

JCJ acknowledged that MH had raised a valid point and asked MH to look at the latest Holyrood magazine. Charities and particularly Diabetes Scotland are being radical but the system is not designed to take that on board.

For GPs they have the data and the knowledge but do not have the power. Why are GPs not doing something about this? The Royal College of Nursing (RCN) and the British Medical Association (BMA) are looking at how healthcare professionals can work together. The most radical thing to do is not to bother the NHS, it's that we need to work together and create partnerships. Insulin pumps are probably the biggest challenge we've done, getting a CEL was a failure as something should have happened before it came to this. Working together would need radicalism in the NHS.

RG asked about new medical technology and ehealth, if GPs are reluctant to embrace this should we be empowering the patients?

JCJ responded that there is a lot of stuff out there such as diabetes apps but they are tools, we need to look at the outcome. My Diabetes My Way (MDMW) has been brilliant in principle but a massive blocker has been healthcare professionals promoting it. Technology can be fantastic but it is a chain we have to get right all along.

SB Innovation and technology is fantastic but part of the bigger issue is that it does not fit with young people and they can be blocked by Health Boards. A higher level pressure is going to be needed to change this.

IS started a Facebook page for young people and IT department for NHS Fife threw their hands up in horror. MDMW has a high barrier to entry as the GPs need to OK it.

Jane Cook (JC) said that there has been an improvement in MDMW. Telehealth is a good way forward.

Derek Beattie (DB) congratulated JCJ on the State of the Nation and wanted to pick up on what MH was saying – There is a great degree of public apathy, 15% do not turn up to appointments and £1 billion goes on treatment. If you can get GPs to link on this and public raise this.

JCJ said that diabetes is very hard to "message", Type 1 and Type 2, the media cannot get the difference. There is an issue with the stigma on diabetes coupled with a blame game for the media. 1 in 5 are going to be affected, diabetes is not an NHS/clinical issue it is wider than that. To stigmatise these issues or to push it too much to the other end of the spectrum would inhibit people managing their diabetes. We are getting there, this is a different way of campaigning. Diabetes needs to be a national priority for Scottish Government.

JC agreed that it is not public apathy but fear of the size of the problem. We can do better with what we have got.

DB explained that having livid over 35 years with the condition that there have been many advances but we still have people that have been unnecessarily passing away.

Diane Smith (DS) is concerned about the way people are being told of their diagnosis. Education from the beginning is key not that you don't have to have your eyes tested regularly as you have a "touch of diabetes".

Barbara Berx (BB) explained about her diagnosis. "You get diagnosed, given a pack, most people read it later. Living with diabetes was an eye opener. MDMW is good but you need to have the test and understand what you are reading, some people just don't do or know this. I have had my eyes tested for sight so why can't a diabetic retinopathy test be included in this as well?"

JC replied that this combination does happen in NHS Ayrshire and Arran and that SB proposed programme will work on this.

BB goes to see a pharmacists the most.

Susanne Cameron-Neilson (SCN) asked where the gaps are and what are the opportunities for pharmacists?

JCJ stated that we have to make the £1 billion that is spent on diabetes work better. Pharmacists get face to face time with patients, if that is where people are going we need to make use of that.

DS acknowledged that Ayrshire and Arran needs to work better with pharmacists.

SB wanted to take a positive note by saying that over the last 12 months there has been an improvement in the last three months in the children and young persons, we will be trying to replicate this with adults. When we identify and attempt to tackle the problems it can work.

DS illustrated that the Health Boards will not sit and listen unless they have powerful direction. The pumps example has been brilliant but once the focus is taken off what does this mean.

JCJ looked to the future with Continuous Glucose Monitoring (CGMs), structured education, what are the two or three issues/ lines in the sand that we need to work on?

RG said that all the parties will be looking for information on their manifestos.

MH mentioned that he is holding a parliamentary event for World Diabetes Day on 10th November.

RG thanked all who attended and closed the meeting.