Scottish Parliament Cross Party Group on Diabetes

Minute of Meeting: Wednesday 4 September, 5:30 – 7:00,

Committee Room 2

Present

Nanette Milne MSP
Aileen McLeod MSP
Jonathan Fox
Aileen Hillis
Kim Ferguson
Jamie Rice
Mary Cawley
Bruce Knight
Lucille Whitehead
Claire Heslin
Steve Birnie
Joanne Jervais
Nicola Johnson
Rupert Pigot
Jane-Claire Judson
Alan McGinley
Elaine Paul
Sarah Ward
Allan Kirkwood
Christine Hazel
Alia Gilani
Debbi Harris
Craig Cameron
Carrie Johnson
Isobel Miller
Holly Davis
Derek Beatty

Michael Matheson MSP, Minister for Public Health
Tom Pilcher, Scottish Government

Apologies

Jackie Ballie MSP
Richard Simpson MSP
David Stewart MSP
Lewis Macdonald MSP
Sir Michael Hirst
Lucille Whitehead

1. Welcome

Nanette Milne welcomed everyone to the meeting.

2. Minutes of Last Meeting

As this was the AGM, minutes were presented for information

3. Presentation

MM opened his answers with a short preamble explaining that he was very happy to appear before the group and that if the CPG thought it would be helpful he would be happy to arrange for Professor John McKnight, Lead Clinician for Diabetes in Scotland to appear before the group at a future meeting.

> **Question 1:** People with diabetes often experience poor care and support with their diabetes in hospital. They have their insulin taken off them, the way food is provided is often in direct opposition to good management of their diabetes, and hospital stays are much longer as a result. The Cabinet Secretary has recently launched 10 steps to patient safety – how does this work intersect with supporting inpatients with diabetes? Is diabetes being taken account of in the patient safety programme?

MM There is a need to mange support for people with diabetes in hospital more effectively. We know that they stay on average two to three days longer in hospital. There have been pilot programmes established in Scotland for inpatients identified with diabetes, initial tests were very positive and have been underpinned by the National Patient Safety Programme methodology. This has been tested at ward level to date and in future it is planned to test at hospital level. Dr Colin Perry has been appointed to lead this programme which will dovetail with the patient safety programme.

MM offered to update on the pilot in writing.

> **Question 2:** Structured Education for newly diagnosed diabetes patients has had some focus over the past few years. Can the Minister update us on how close we are to ensuring people with diabetes receive structured education within three months of diagnosis? And can he comment on the issue of structured education for those who were diagnosed many years ago? Often they will have received no structured education or – if they did – it will be out of date.

MM The current Diabetes Action Plan put self care and self management at the heart of the programme. NHS Education Scotland has been taking forward structured education work to improve staff support and increase knowledge and capacity.

Education for those previously diagnosed is considered as part of this work and associated. NES education tool kits

There has been an increase in provision but there should be further work done to support people with diabetes.

Scottish Government has provided £230,000 for Managed Clinical Networks to respond to specific needs in their localities, and support online resources with NES.

BM asked the minister to clarify if the £230,000 was for each health board or nationally?

MM clarified that it was £230,000 nationally. It was provided to those MCNs that applied for it.

CH pointed out that existing provision is good through DAFNE and DESMOND, however to really reach more people we need a DAFNE and DESMOND+. The benefit of these programmes is the "group effect", is there a possibility of extra funding for these programmes?

MM Group support is excellent but it must be tailored for the individual let's look at how to do it with existing elements and programme and how to facilitate it in a new Diabetes Action Plan.

CJ We must look into the specifics of the £230,000 and explore if it can be used to support administration.

> **Question 3:** With the increase in people in younger age groups being diagnosed with Type 2 are healthy lifestyle messages getting through and are they well designed? Can the Minister indicate what interventions are in place just now that actually work to support people to make healthy choices and what kinds of interventions we should be looking at developing?

MM There is no one specific thing here that will tackle this. It is a whole issue which ranges across different portfolios. There has been a focus on children not being physically active, however research has shown that is not the case, it is about what people are consuming. It is healthy lifestyles and eating. Obesity levels are largely due to high fat, sugar and salt in food. Scottish Government has been working with the food manufacturers and there has been some measure of success.

There is a different approach in Scotland with a dialogue with the sector for instance the ScotMid campaign every year, which supports the availability of fresh healthy food. The process has been similar to the alcohol issue where we have asked supermarkets to stop loss leaders. Coupled with this is physical activity in schools, it is happening with local authorities. There is no one solution but by looking at supermarket food, physical activity and education to make healthy lifestyle choices we are making progress. One of the key issues is parents and ensuring that they

have the right knowledge. Health inequalities in society show that it is a difficult environment and the challenge is a cross departmental and cross agency basis.

> **Question 4:** Each year a further 10,000 are diagnosed with diabetes and with a population that is living longer the numbers of people with diabetes is on the rise and shows know signs of decreasing in the near future. The experience of patients is that these pressures mean less access to specialist staff like podiatrists and dieticians, a return appointment stretching from six months to 7 or 8 months and annual appointments taking place in 13-14 months. What strategies and extra provision has the Minister and health department made to assist diabetes service meet this need?

MM Demographic pressure means that we need help the redesign of services to better support self-management. Redesigning and balance to manage the increase in demand is key. In East Kilbride at an event where the lead podiatrist explained the situation there is a department where patients will be seen by a podiatrist and with effective screening so that patients do not *have* to go and see a consultant. This has massive drops in referrals to consultants and an increase in podiatrists carrying out foot surgery.

It is about using skill sets better, the right type of services as an accurate tool. I have visited a hospital in Taiwan where many of the diagnoses and follow up were performed remotely, a “telehospital”.

AK Asked what is currently happening now?

MM Services are being developed and tested with NHS 24, it is not just about buying equipment but ensuring patient and clinical “buy in”. Some of the work is about managing levels of demand, for instance if a GP sees a patient it should be about not automatically having to make them go forward and have to see a specialist.

GPs are involved in 70% of demand. Part of the process is about helping support at primary care. Where patients are being referred on do they have to see a specialist consultant or can they go to a specialist nurse?

NM There are a series of questions on psychology and in the interest of time would it be appropriate to have a session for these?

TP The CPG might want to invite the chair of the Diabetes Psychology Working group, Dr Ann Gold and Andy Keen

NM We will move on to questions easier to answer, keeping in mind the time constraints.

> **Question 7:** Can the Minster explain why only 56% of patients with Type 1 diabetes had their foot pulses checked? Getting foot pulse checked is part of a

person with diabetes annual foot check. This is a preventative measure that can prevent complications resulting in ulcers and more serious issues.

MM I believe that the data has not been recorded correctly.

TP This is partly down to a technical issue with SCI-DC, the system has not been effectively capturing the data and has, we understand, lead to a misleading result.

> **Question 10:** Could the Minister explain why there are a very low proportion of people with Type 1 Diabetes who are being recorded with their HbA1c in the recommended parameters?

MM Work is taking place to address this at a national level and at an international level. 10 countries have come together to compare and learn from the collaboration. There are many different factors and it has been identified for further priority by the Scottish Diabetes Group.

This is the end to the questions that were n submitted to the Minister, he will address the remaining answers in a letter to the group. As a final note the Minister indicated he would like to give a short update on insulin pump provision.

MM I have been robust with health boards on their provision of insulin pumps. Some have been good but some have been off the curve. I have been receiving monthly reports on their status and the current national provision for under 18 year olds is 19%. There is a specific improvement team that is helping them to achieve the targets and a lot of work has been done at specific health boards.

NM Questions 5, 6, 8 and 9 were not answered due to lack of time.

MM We are happy to offer written responses**.** If there are any further issues arising out of the questions today we are happy to offer assistance in answering them.

NM The group welcomes Aileen McLeod. It will be good to get Professor McKnight for the next session and address the psychology issues as well.

AH The issue of diabetes provision in schools needs to be discussed. There are cases of classroom assistants not helping to administer treatment.

JCJ There are two different issues, specifically what the education department is saying.

ACTION – RP to liaise with NM to look into this further.

DB There has been a pilot for Type 1 booklet explaining what is available in England, this will be followed up.

ACTION – RP to organise an invitation to Professor McKnight for the next meeting and to look at a possible report for the next Diabetes Action Plan.

MC would like written answers to question 5 & 6 to follow up with in future meetings.

NM closed the meeting.