Scottish Parliament Cross Party Group on Diabetes

Minute of meeting: Tuesday 15th December 2015

Committee Room 2

Present:

1. David Stewart MSP
2. Nanette Milne MSP
3. Alison Diamond
4. Steve Birnie
5. Carolyn Oxenham
6. Diane Smith
7. Angela Magny
8. Marylin Boland
9. Isobel Miller
10. Scott Graham
11. Collette Foord
12. Dani Cochrane
13. Derek Beatty
14. Morag Low
15. Emma Cartwright
16. John McKnight
17. Alistair Emslie-Smith
18. Ian Sloan
19. Louisa Wright
20. David Eadie
21. Camilla Horwood
22. Duncan Stang
23. Lynn Ryan
24. Iain Spence
25. Andrew Job
26. Ros Meek
27. Emma Harper
28. Nicola Zammitt
29. Michael-John de la Haye
30. Fiona Conti
31. Smita Grant
32. Shirley Law
33. May Millward
34. Brian Forbes
35. Emma Nieminen
36. Rachael Brown
37. Liam Howden
38. Megan Atkin
39. Lauren Lennox
40. Jane-Claire Judson

41. Rupert Pigot
42. Ryan McFadden
43. Gavin Thomson
44. Linda McGlynn
45. Chris Kelly
46. Seonaid Morrison

1. Welcome

David Stewart MSP (DS) welcomed everyone to the meeting.

2. Minutes

The minutes of the previous meeting on 9th September, were amended by Steve Birnie (SB) and subsequently approved by the group.

3. Presentation

Dr Chris Kelly, Chair of Diabetes Education Scotland and Consultant Physician at Forth Valley Royal Infirmary presented on the state of diabetes education in Scotland. Seonaid Morrison, Diabetes Specialist Nurse, Argyll and Bute presented on structured education for diabetes in Argyll and Bute.

Both presentations attached.

4. Discussion

Linda McGlynn (LMcG) commented that there has been a movement from quality assured education to more locally devised programmes and asked where the drive is coming from?

Chris Kelly (CK) relied that this was not a move away by a number of health boards from Dafne and X-pert, as they were still in place Nine out of ten of the Health Board's programmes have been through the criteria for quality assurance and the others were awaiting approval. Dafne is one method but that there are different patient needs, so there are many different ways of delivering diabetes education. The issue is that there is no dedicated budget for diabetes education, it sits within Health Board's block for diabetes care, though the outcomes show it should be given direct funding.

Isobel Millar (IM) was glad to see the Word Cloud (in the presentation) but asked concerning the feedback from people with Type 2 diabetes? Health care professionals fear/think that group education is not what people enjoy. The key is that if you have any condition you feel isolated.

Alistair Emslie-Smith (AES) stepped in to say that investing now saves money down the line. It is heard at a Health Board level to do things like this and asked what can be done by government to change this?

CK commented that this too is the answer he would like, it is about funding.

Professor John McKnight (JMcK) gave a big thanks you to CK and the work of the Diabetes Education Group. He replied that we need to this into the measurement framework. Examine this into SCI Diabetes and it will be a similar issue to insulin pumps and Continuous Glucose Monitoring (CGM), the benefit will be present in the figures.

Paula Collings (PC) raised the issue that a lot has been said on the newly diagnosed education but that this is missing a big whole of people who have missed education.

CK replied that there are two computer systems associated with diabetes. If you get associated with one level you automatically get put one way.

JMcK also pointed out that Health Boards hold an annual patient conference on diabetes with lots of education information to appeal to the 29,000 people in Lothian Health Board, 100 patients come and it will be the people who are already engaged in the system. How do we get the rest to want to get education? We need to create the environment.

CK agreed with this and pointed out that there is a lot of information on the Diabetes UK website.

Jane-Claire Judson (JCJ) said that Diabetes Scotland had figures which showed that of the 17, 260 newly diagnosed who could use education only 2,044 received it. Much like insulin pumps we do not have them as they're not interested. There is a story that needs to be explained, we get the same people along, it needs a new pitch. The words "structured education" is not working.

Seonaid Morrison (SM) raised the issue of the vast geographical area that is Argyll and Bute, there are 90,000 people and 4,000 have diabetes. Education to self-management is on a day to day basis. Oban had structured education, the same for every patient. It was HEDI, based on the BERTIE model and was one day per week over four weeks.

Iain Spence (IS) asked SM where the budget for diabetes education comes from in the case that she was talking about?

SM replied that it was from the Change Fund, there was two years funding and following that we will be able to come back and present a compelling case for its support.

Jeff Foot (JF) referenced CK about GPs and referring for diabetes education and asked about what grounds they had for refusing.

SM was not sure why.

CK the project with Diabetes Scotland will change this. There was also a pilot to show that you can have the biggest success in the hardest to reach groups.

AES to clarify it was primary care that was referenced earlier not just GPs.

May Millward (MM) conveyed her congratulation to both presenters saying it was clear that a passion and commitment had driven this and asked where does SM take the sessions and how are they evaluated?

SM explained that there is a database evaluator.

Gavin Thomson (GT) asked SM how to do you encourage people to attend the sessions?

SM replied that going to GP surgeries and practice nurses, they give a letter from me (SM), everybody who comes through the system gets this letter.

LMcG asked what is the selection process?

SM answered that we take anybody. As the classes are small we can take newly diagnosed and people that have had diabetes for 10 years.

LMcG conveyed that the Lochgilped group wanted to express their thanks as it has improved their confidence.

JF wanted to know how we promote physical activity?

Shirley Law (SL) answered that it is an important part of DESMOND and is promoted.

SM also replied that it is certainly promoted.

JF added, how is this being joined up?

CK pointed out that there is an organisation called Team BG that organises running courses, they work with the Institute of Sport.

DS pointed out that all the political parties are currently writing their Scottish Parliament manifestos and that the parties need to keep in mind how to link these things together from Scottish Government and Scottish Parliament. The example of a sugar tax in Chile, they took very obvious health warnings from cereals. The key issue is where the tax goes? Diabetes Scotland wants it to go on preventable health issues and encouraging more people to take exercise.

MM explained what the West Lothian Diabetes Group has been doing. There are two groups running once a week to get people into exercise. This achieved funding from the Robertson Trust and other small funding agencies.

JCJ explained that people don’t always have their BMI recorded, this is a problem. There are also problems with health care professionals talking about people’s weight. There is no clear pathway, if we are to go for physical exercise and education is then a part. This is an opportunity, especially with the election coming up and the chance to raise this.

SL said that for NHS Lothian this is a myth as everyone can access a weight management programme. It is very high on the list of what is discussed with a patient as opposed to the treatment package.

SM echoed this saying it was similar in Argyll and Bute, there is cross working and we promote healthy options.

AES added that in Tayside there is structured education for people with low graded feet.

DS asked about pump distribution figures in Health Board areas and why can things not be improved in delivering across all boards.

AES life style plays a bit part, in Tayside 17% of diabetes patients' smoke. This has not gone down over 8 years and is the single biggest decision affecting diabetes.

DS mentioned the World Diabetes Congress in Vancouver, 67 politicians from 67 different countries had similar issues to expand upon.

JF raised the use of online forums as a powerful way to overcome issues of rurality and the problem of not wanting to do diabetes education in a group.

JCJ is a self-proclaimed "lurker" on diabetes message boards and forums and wondered how do we engage health care professionals and these groups? How do we mine this information in an appropriate manner?

DS was concerned that discrimination in diabetes needs to look to the future, there was real discrimination but things have improved through better understanding.

Duncan Stang (DSt) wanted to talk about feet. We have talked about diabetes as a self-controlling condition. We need to invest further than back to try and prevent and bolster the prevention strategy. This should include a screening programme of high risk over 45 year olds following the UK screening council.

LMcG asked why do we not have an "opt in" system for structured education?

DSt agreed that this was a sensible solution.

CK added that everyone who had completed a structured education course said that all other people with diabetes should do this.

DSt pointed out that it should not be called structured education but your guide to living longer!

AES urged caution and said that it is very hard for practice nurses.

JCJ proposed a joint Diabetes Scotland and Diabetes Education Advisory Group campaign similar to the joint Diabetes Scotland and Greater Glasgow and Clyde Health Board smoking cessation campaign. There must be a Human Rights aspect included – a right to education.

Rupert Pigot (RP) the next meeting is the AGM proposed for 10th February, the final meeting of the group in this session of the parliament.

DS thanked the speakers and the attendees and closed the meeting.