

Heart Disease & Stroke & Diabetes Cross Party Group
Wednesday 10th June 2015,
1800-2000

Non Communicable Disease Prevention: WHO 25 by 2025 Framework

1. Welcome & Apologies

MSP Attendance
Dennis Robertson
David Stewart

MSP Apologies
Anne McTaggart
Dave Thompson
Nanette Milne
Alison McInnes
Richard Simpson

Dennis Robertson and David Stewart Welcomed the respective attendees from the Cross Party Groups on Heart Disease and Stroke and the Cross Party Group on Diabetes.

Dennis Robertson invited Mark O'Donnell, the newly appointed Chief Executive of Chest Heart and Stroke to say a few words to the group.

David Stewart invited Jane-Claire Judson of Diabetes Scotland to say a few words before the agenda was started.

2. Matters arising

2.1 Minutes from previous meeting of 11th March 2014

Proposed by Gordon Snedden ; Seconded by Chris Macnamee

2.2 Update on MSP membership of the Cross Party Group

2.3 Stroke Charter sub-group update

No update was provided by the group at this meeting

2.4 Update on ACHD (adult congenital heart disease) petition

No update was given but it was agreed by the group that this should remain a standing order for the CPG until further notice

3. Presentations

3.1 Joshua Bird, Policy and Public Affairs Research, British Heart Foundation Scotland

Joshua Bird introduced the World Health Organisations 25% by 2025 framework for the reduction of non-communicable disease deaths globally. His presentation followed a report he has been writing for BHF Scotland in to NCD prevention in Scotland.

3.2 Professor Naveed Sattar, Professor of Metabolic Medicine (Institute of Cardiovascular and Medical Sciences) and Associate Academic (Institute of Health and Wellbeing), University of Glasgow

Professor Naveed Sattar introduced research in to prevention and treatment of Diabetes in Scotland. His presentation focussed on root causes in Scotland and further afield as well as identify links to the WHO framework.

4. Minister for Public Health, Maureen Watt MSP

The Cross Party Groups were joined by the Minister for Public Health, Maureen Watt MSP who took part in a Q&A;

Q.1 - Angus Cardiac Group – Funding For Prevention Work By Voluntary Groups

“What Scottish Government funding is available for support to local voluntary groups, such as Angus Cardiac Group, to help promote the benefits of exercise as a preventative measure for those who do not have cardiac disease and to prevent those who have cardiac disease from being re-admitted to hospital. Voluntary workers who provide exercises for elderly people in care homes and in sheltered housing require training and support and the funding currently available from other sources is not sufficient.”

- We are committed to supporting the development of a capable, sustainable and enterprising third sector especially during these times of economic challenge.
- The 2015/16 Scottish Government budget will enable us to continue to significantly invest in the third sector as a key social partner, maintaining funding of £24.5 million towards direct support of the third sector.
- We have also agreed funding of £390,000 over 2014-16 to support an integrated package of support to assist the third sector with transitional needs in relation to Health and Social Care Integration.

Q.2 - ASH Scotland - Second Hand Smoke Risk for People with Stroke

“There has long been general acceptance of a causal link between active smoking and risk of stroke. However, there is also evidence of a strong, consistent and dose-dependent association between exposure to second-hand smoke and risk of stroke, suggestive of a causal relationship, with disproportionately high risk at low levels of exposure suggesting no safe lower limit of exposure(1)(2)(3). Are those who have had, or are at risk of having strokes,

being given advice about avoiding exposure to second-hand smoke, particularly in their own homes?”

- We provide around £10.5 million of funding to health boards annually to support the delivery of local stop smoking services in a range of settings including in hospital. Supporting those in hospital to stop smoking, including those who have had a stroke, is a key strand of local NHS stop smoking services.
- In April 2015 in line with our strategy, *Creating a Tobacco Free Generation' (2013)*, all NHS Boards implemented smoke-free grounds for all their properties. Part of the implementation and enforcement requires communication around the smoke-free policy for all staff, patients and visitors and offer of support for those who would like to stop smoking.
- Discussing smoking and exposure to second-hand smoke and their impact on health, should be a priority for all NHS staff on the frontline.
- Our strategy also sets out an ambitious target for a Smoke-free Scotland by 2034.

Q.3 – Peter Fraser – Foot Care For People With Diabetes

“What are the processes involved for identifying and supporting people living with Type 2 diabetes who have circulatory and problems with foot ulcers?”

- Our Diabetes Improvement Plan which was published in November 2014, contains a range of actions designed to improve the care available for people with diabetes – including foot care.
- Our ‘traffic light’ foot risk stratification system aids clinicians to assess the major risk factors which may lead to foot ulceration and then arrange for the appropriate treatment and information to be provided in a timely manner.
- Data from the Scottish Diabetes Survey 2014 shows that more people than ever before are getting their feet checked. 80.4% of those with Type 2 had their foot scores recorded in the previous 15 months compared to 69.7% in 2013. Although there is more work to be done this shows a marked improvement.

Q.4 - Sarah Ward – Structured Education for People with Diabetes

“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 she 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.”

- We recognise that the provision of timely information and advice are key elements in supporting people to self manage their diabetes – Much work has been done to ensure that high quality structured education programmes are in place which can be delivered by appropriately trained staff. This includes ensuring that people newly diagnosed have accessed to structured education within six months.
- Whilst appropriate access to structured education is for individual boards to deliver, it is also a priority area in our new Diabetes Improvement Plan. The Plan introduces a quarterly reporting mechanism to ensure that boards monitor the provision of structured education courses in their area.
- You also asked about people who had previously been on a course. We are working with the education group to ensure that flexible packages are developed for people that want to refresh/update their diabetes knowledge.

Q.5- Stewart Webber – Pressure on NHS Resources

“We have gone over 5% prevalence of diabetes in the general population – what does this mean for pressure on NHS services and how will this be factored into future NHS planning?”

- This question relates to the challenges I mentioned earlier.
- However it is important to note that although the Scottish Diabetes Survey 2014 shows that diabetes prevalence in Scotland is at around 5.2% and the prevalence of diabetes is rising, it appears that incidence is stable.
- This likely means that we are treating diabetes better with more people living longer with diabetes as well as multiple conditions.

Q.6 - Sarah Keenan (not attending) – Numbers of Young People with Type 2 Diabetes

“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?”

- We have invested over £7.5m in the three years to March 2015 on projects to encourage healthy eating including the Healthy Living Award, the Healthy Living Programme, and the Healthier Scotland Cooking Bus – which was primarily aimed at families and children.
- It is important to note that statistics from our Scottish Diabetes Survey and combined with obesity figures indicate that the rate of young people being diagnosed with type 2 diabetes remains reasonably stable.

- It is difficult to draw conclusions from this diabetes data on the effect that individual interventions are having on the young population as a whole.

Q.7 - Dr Kirsty MacLennan (not attending) – Psychological Support

“In view of the fact that there is a clear established link between psychological factors and the ability of people with diabetes to effectively self-manage their condition, can the minister please let us know if she has any plans to increase the amount of permanently funded psychology time to adult diabetes services?”

- One of our main focuses in recent years has been to improve the level of mental health support available to people in Scotland.
- Earlier this year, Jamie Hepburn, announced a new £15 million mental health fund to improve services over the next three years. I would expect that this resource, combined with our 18 weeks referral to treatment for psychological therapies standard will improve the access to psychological support.

5. AOCB

6. Dates for meetings in 2015:

- Wednesday 9th Dec 2015