Preventative Agenda - Type 2 diabetes

Overview

Diabetes Scotland welcomes the Health and Sport Committee inquiry into “Preventative Agenda – Type 2 Diabetes”.

Type 2 diabetes is a serious condition of increasing prevalence across Scotland. Over 258,000 people have been diagnosed and around one million are at increased risk of developing the condition. One in five people in Scotland have diabetes or at risk of developing the condition. There are more people living with diabetes than with coronary heart disease and cancer.

Diabetes has an enormous impact on the wellbeing of individuals living with condition and their families. It affects people’s physical, mental and emotional health. Depression is at least twice as common in people with diabetes as in the general population, but this common comorbidity is frequently underdiagnosed and undertreated. If not supported to manage their condition well, people with diabetes are at risk of serious complications including sight loss, lower limb amputation, kidney disease, cardiovascular disease and stroke. It is not surprising, therefore, that diabetes costs NHS Scotland around £1 billion each year, of which 80 per cent is spent treating potentially avoidable complications. Furthermore, 9 per cent of the total budget in Scotland is spent on treating Type 2 diabetes and its complications.

Executive Summary

- The Diabetes Improvement Plan references health and social care integration. This has not happened on a strategic level, there is a weighted bias in respect to secondary care at a Health Board level.

- Integration Authorities approach to Type 2 prevention has been fragmented with little focus on diabetes.

- There are a suite of approaches recommended by Diabetes Scotland to address prevention of Type 2 diabetes including: behavioural interventions; actions for retailers on price promotions; reformulation; labelling and increasing physical activity.

- Measuring the Diabetes Improvement Plan happens through the quarterly reporting submitted by Health Boards on quality of care; health of the population and value and sustainability. This is not made widely available. The Scottish Diabetes Survey reports on the existing diabetes population.

- To what extent do you believe the Scottish Government’s Diabetes Improvement Plan 2014 and the approach by Integration Authorities and NHS Boards is preventative?

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3. Ibid
4. Ibid
• Is the approach adequate or is more action needed?

Within the Diabetes Improvement Plan there is a focus on prevention, however this has not been viewed strategically and joined up between primary and secondary care. In addition, Diabetes Scotland believes that the understanding and approach to prevention taken by Integration Authorities has been fragmented and inconsistent.

Prevention and early detection of diabetes and its complications is one of the eight priorities identified for improvement in the Diabetes Improvement Plan. The Improvement Plan was published in November 2014, the Public Bodies (Joint Working) (Scotland) Act received Royal Assent 1 April 2014. Within the Diabetes Improvement Plan there is reference to the health and social care integration agenda and for diabetes services to be involved and ensure that health and social care provision across Scotland is joined-up and seamless. To our knowledge, this has not happened.

Health Boards
The Diabetes Improvement Plan acknowledges the joined up approach that is needed for health and social care integration and aims to deliver person-centred, clinically effective and safe care. There is detailed quarterly reporting on how the programme is being carried out by the 14 Health Boards, however this is very hard to access outwith the Managed Clinical Networks (MCNs).

The Diabetes Improvement Plan has helped raise awareness of the Type 2 diabetes preventative agenda and the Scottish Diabetes Group subgroup on prevention has helped to increase understanding in a wider policy context. This has, and will, come through in specific policy from Scottish Government in the “A Healthier Future – Actions and Ambitions on Diet, Activity and Healthy Weight” consultation which committed £42 million to establish supported weight management programmes and the Type 2 diabetes prevention framework that is currently being developed by Scottish Diabetes Group (SDG). In addition, there is the Good Food Nation Bill in preparation focusing on the food we eat. However, prevention of Type 2 diabetes cuts across many areas and while weight management and access to good quality food are important, other areas such as the space we live in, inequalities, deprivation and education are important factors which must also be addressed.

Across the majority of Health Board areas there is disconnect between primary and secondary care in respect to Type 2 diabetes prevention. The Chief Executives Letter 29 (2012) gives a clear steer as to the importance of MCNs and specifically that “MCNs are integral to achieving the three quality ambitions:

- Networks are ideally suited to delivering service re-design, quality improvement, strategy and planning across pathways, working across boundaries of departments, teams, units, sectors, agencies and Boards;

- They also have the potential both to inform and to help deliver the kind of prioritisation needed to ensure value in a context of strict financial limitations, increasing patient demand and rising public expectations; and

- As part of the implementation of the Quality Strategy, MCNs need to adapt and align with other structures that support partnership working with local authorities and the third sector.

However, the majority of diabetes MCNs are not well supported by primary care. The driver of the Diabetes Improvement Plan appears to have always been SDG and MCNs, delivered through secondary care. Quarterly reports are provided by Clinical Leads for Diabetes – the majority of which are secondary care based consultants, with exception of NHS Grampian and
NHS Tayside which have a GP as the Clinical Lead. NHS Greater Glasgow and Clyde and NHS Lothian both have joint primary and secondary care leads, though there have been gaps in filling the primary care lead post in both these areas.

To date most prevention work linked to the Diabetes Improvement Plan has been prevention of secondary complications. There has been relatively little emphasis on joined up approach needed for primary prevention of Type 2 diabetes. The SDG prevention subgroup was only set up last year and built on existing work carried out in this area.

There are some examples within Health Boards where prevention is being seriously considered and Diabetes Scotland have had preliminary meetings with representatives in these areas:

- NHS Borders is seeking Big Lottery funding to work with NHS Lothian and third sector partners to create a specific Type 2 diabetes prevention programme.
- NHS Ayrshire & Arran has explored specific Type 2 diabetes prevention programmes and will hold the first meeting in December.

**Integration Authorities**

Diabetes Scotland carried out an analysis of Integration Authorities first strategic plans in 2016. Only seven out of the 31 referenced diabetes and there was nothing about prevention in any of the strategic plans. In addition there was no consistency about weight management. 2017 has seen some improvements in focus and creation of models of primary and secondary care working together.

In Argyll and Bute exploratory work has been carried out with a working group created to bring the Integration Authority and the MCN together. There is a good model of work being carried out at Community Health and Care Partnerships (CHCPs) showing both primary and secondary healthcare involved in prevention, specifically Renfrewshire Diabetes Interface Group, the South West Glasgow Diabetes Locality Planning Group.

Despite the Medical Director of Health Boards having to sign off the Quarterly Improvement Update reports, there is no demonstrable recognition, ownership and/or accountability for diabetes improvement and prevention at Health Board level or at the primary care/Integration Authority level. Diabetes Scotland is concerned that the primary care level is not engaging with the Diabetes Improvement Plan. However there are signs that this is beginning to change; the Convention of Scottish Local Authorities (COSLA) has planning managers and is keen to examine how diabetes prevention can progress because of the implications for the local authorities.

An evaluation of a pilot programme of eight local areas to demonstrate ways in which communities could be better engaged healthy eating, physical activity and healthy weight activities as part of a single coherent programme found evidence that a localised approach was effective. Communities must be involved with Integration Authorities for prevention programmes to succeed.

Diabetes Scotland has responded to the previous call for evidence on Integration Authorities consultation with stakeholders and much of the evidence provided is also applicable to this inquiry.

- **What are the most effective initiatives for preventing Type 2 diabetes?**

Up to three in five cases of Type 2 diabetes can be prevented or delayed through healthy lifestyle interventions including eating a nutritious, balanced diet and getting more active. There

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needs to be a holistic population-wide approach which adequately addresses social inequalities and effectively works within the health and social care agenda.

Currently NHS England has the Diabetes Prevention Programme (DPP). It is a new service developed via a partnership between NHS England, Public Health England (PHE) and Diabetes UK. The DPP provides a behavioural intervention for individuals with non-diabetic hyperglycaemia. This consists of a series of predominantly group based sessions delivered in person across a period of at least nine months. There will be at least 13 sessions and 16 hours of contact time. Sessions will last between 1 and 2 hours and cover topics geared towards the programme’s main goals of dietary improvements, increased physical activity and weight reduction. It will be underpinned by behavioural theory and behavioural techniques will be used. Weight Management Services form part of the obesity pathway. There is a scope to deliver this digitally which could work in a Scottish context. People need to understand the link between weight and Type 2 diabetes. One of the most important elements in reducing the risk of diabetes is to lose weight.

The DPP in England focuses predominately on non-diabetic hyperglycaemia, in Scotland due to the smaller population size it would be possible to widen this. The DPP is a national programme for England and there are implications from having a national approach. Using the idea of ‘Once for Scotland’, instead of individual Integration Authorities looking at this, there is the possibility of having a nationwide policy with the local situation taken into account.

Whilst programmes like the DPP focus on helping those at greatest risk of developing Type 2 diabetes there is also a need to reduce the weight of the population in order to decrease current and future risk of developing Type 2 diabetes. No one measure will stem the tide of Type 2 diabetes, we need to see a range of population level interventions:

- Retailers should reduce the display of unhealthy food and drinks in prominent positions in-store. Where possible, these products should be replaced with healthy products.

- Restricting price promotions. Diabetes Scotland understands the important role that price promotions play in influencing buying behaviour, with 41 per cent of shopper expenditure being spent on price promotions in Britain\(^7\). We also know that price promotions result in consumers purchasing more than they otherwise would and that products higher in sugar, or those that are ‘less healthy’, are more likely to be promoted\(^8\). In light of this, rebalancing price promotions to favour healthier products would help encourage people to buy healthier food and drinks, or at the very least, take home fewer unhealthy foods\(^9\).

- Making products healthier. The Scottish Government is supporting Public Health England’s (PHE) sugar reduction programme. This should continue and the Scottish Government should be pushing for ambitious targets for the calorie reduction programme that PHE are currently working up as this will help drive saturated fat and portion sizes down. For salt, there are currently no reduction targets for the UK beyond 2017. There is therefore an urgent need to develop these to continue to momentum towards the recommendation. In addition to this, manufacturers and retailers should reduce food and beverage portion sizes (and be provided with guidance on what standard sizes are) and make it clearer to their customers what an appropriate portion size is for a product (for example, by introducing portion-controlled packaging).

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\(^8\) Ibid

● Labelling Policy and Marketing. The Scottish Government should continue to support a consistent front-of-packet (FOP) colour-coded (red, amber & green) labelling system which includes % daily reference intake amounts, to assist consumers make informed decisions when purchasing food and drinks. In the long term people need to have the benefit of mandatory FOP labelling. Though this is a reserved matter, Scottish Government should examine mechanisms to restrict the marketing of High Fat, Sugar, Salt (HFSS) products on television until after 21:00 (the Watershed).

● Increasing physical activity levels, we know that many adults are not meeting the recommendations. Perhaps of even greater concern, 77 per cent of children are not meeting them either10. Setting ambitious targets for delivering active travel routes in local communities and sustained investment to support changes in the environment will make it more favourable for individuals to be physically active. This may include more well-lit and safe footpaths and cycling tracks, increased green spaces for recreational outdoor activities, and leisure centres. Increasing physical activity levels are important to support weight loss management. The objective of the above-mentioned policy proposals is to increase the number of people who meet the Chief Medical Officer’s adult physical activity guidelines. The recent Health and Sport Committee report “Sport for Everyone”11 highlighted the need for the community to be involved in the planning, development and implementation of programmes and initiatives. It must be a priority to make this accessible through Scotland with Scottish Government, NHS and Local Authorities.

There is a need to see Type 2 diabetes in the context of inequalities with often the poorest of society most of at risk of Type 2 diabetes. Equality of access is one of the priorities identified in the Diabetes Improvement Plan and is championed by the chair of the Scottish Diabetes Group, Dr Brian Kennon. There is an understanding of the links between deprivation and Type 2 diabetes but it concentrates on people who already have diabetes. There is no specific link on prevention and deprivation. The Diabetes Improvement Plan does not include equality sensitive indicators which makes the recording and understanding of the scope of the issue harder. NHS Greater Glasgow and Clyde has a separate group considering equality of access, however this should be embedded in every day practice and highlighted. Within Glasgow equality of access is being reviewed across the nine care processes.

● Are the services and Diabetes Improvement Plan 2014 being measured and evaluated in terms of cost and benefit?

Evidence is not always in the public domain and is hard to access. As previously mentioned the quarterly reports on the Diabetes Improvement Plan are not easily available. NHS Scotland produces annually the Scottish Diabetes Survey which gives a snap shot of the entire population with diabetes, this includes the amount of people with diabetes getting their BMI recorded and the breakdown between underweight and obese. This is good at understanding the existing population with diabetes and measuring BMI, however this does not help the wider prevention of Type 2 diabetes agenda.

Weight loss management services and prevention of Type 2 diabetes was previously evaluated in the Obesity and Weight Management team within Scottish Government. This has changed with the development of the Diabetes Improvement Plan and the quarterly reporting. The Short Life Working Group set up on prevention last year has seen Scottish Government provide

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11 Health and Sport Committee Sport for Everyone, 14th Report (Session 5
funding and the group has been working closely with team developing the “A Healthier Future – Actions and Ambitions on Diet, Activity and Healthy Weight” consultation.

There are pathways in place in obesity – core in evaluation of weight management can only be assessed in the cost implications of people with pre-diabetes who would not then go on to develop diabetes. Currently in England it is highly focused on non-diabetic hypoglycaemia. This will be core in Scotland but as were a smaller nation but there is hope for wider remit.

Conclusion

The Diabetes Improvement Plan is a good indicator of the importance of prevention of Type 2 diabetes but it does not focus on partnership working with primary and secondary in regard to prevention of Type 2 diabetes. This is needed to deliver genuine prevention programmes for Type 2 diabetes. Integration Authorities with primary care, need to understand and focus on Type 2 prevention.

About Diabetes Scotland

Our vision is of a world where diabetes can do no harm. As Scotland’s leading diabetes charity, our mission is that by bringing people together to work in partnership, we will support those living with diabetes, prevent Type 2 diabetes, make research breakthroughs, and ultimately find a cure.