Introduction

The Edinburgh Local Support Group is part of Diabetes Scotland’s network of local support groups. Our main role is to provide support to patients who have Diabetes, both Type 1 and Type 2, and their carers through education and peer support. In addition we also conduct various fundraising activities to support research activity in Scotland. As part of our agenda we have regular open meetings at which talks on matters of interest are given as well as providing the opportunity for members to network. Our current group membership is ~800 people based in Edinburgh and East Lothian areas, at the end of 2016 there were just over 40,000 people in NHS Lothian area diagnosed with all types of diabetes.

To what extent do you believe that the Scottish Government’s Diabetes Improvement Plan 2014 and the approach o the Integration Authorities and NHS Boards is preventative?
Is the approach adequate or is more action needed?

The Diabetes Improvement Plan contains an emphasis on prevention, specifically mentioning “Prevention and early detection of diabetes and its complications” this objective places an emphasis on preventing complications and early detection, not actions that would prevent developing the condition all together.

From what we see, there is a fragmented approach to the prevention agenda. The split between primary and secondary care and between health and social care authorities contributes to this. The management and treatment of Type 2 diabetes is generally being migrated from secondary care to primary care (from Hospitals to GPs). Naturally the Health Boards concentrate on management of the condition and reducing the incidences of complications, and do not prioritise support to non-clinical interventions that may prevent developing the condition in the first place. Therefore the onus of the prevention agenda falls to the social care services.

Whilst the plan acknowledges that there should be an integrated preventative agenda the impact of the integration board in Edinburgh is not yet apparent. We are aware of the Edinburgh Health and Social Care Partnership’s Strategic Plan 2016 -19 which has an emphasis on the need for preventative actions to managed anticipated demand for

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1 Scottish Diabetes Survey 2016
health and social services. To date it has been difficult to see any progress towards these objectives, beyond the publication, last month, of the Edinburgh Locality Improvement Plans 2017 - 2022 which do not specifically reference prevention of diabetes.

It would appear that, whilst it is well known and accepted, that putting in place preventative interventions for developing Type 2 diabetes has long term benefits for the population, and for managing costs in Health and Social care services, the execution of these aims is lacking.

**What are the most effective interventions for preventing Type 2 Diabetes?**

There is no single measure that can prevent the prevalence of Type 2 diabetes in our population. However we would encourage a range of measures to bring about changes:-

- Making education available in Schools to ensure that children are taught cooking as well as nutrition so that they leave school with the appropriate knowledge to prepare and recognise healthy food.

- Making food products, healthier by reducing the levels of sugar, salt and fat used, by targeting manufacturers of processed foods and drinks to re-formulate their recipes.

- Encouraging greater levels of physical activity through the provision of appropriate infrastructure. For example, cycle routes and walkways, reduced car parking encouraging the use of public transport and therefore walking, increase in Parks and recreational areas. We know that increased levels of physical activity assist in weight loss and weight management.

- Making intervention services available to all levels of society, and encouraging their use, with clear entry points through GPs and Social services. This would enable better equality of access to health services.

Of these interventions, we consider education to be the most important and potentially the greatest benefit, by encouraging home cooking with good ingredients reducing a reliance on processed food and pre-prepared meals.
Are the services and Diabetes Improvement Plan 2014 being measured and evaluated in terms of cost and benefit?

We do not feel able to comment, knowledgeably, on this question as we do not have access to any meaningful information.

But having said that it is clear that strategically there is a recognition across Government of the general benefits of reducing the instants of Type 2 Diabetes. The current consultation on “A Healthier Future - Action and Ambitions on Diet, Activity and Healthy Weight” is a recognition of this.

Conclusion

The Diabetes Improvement Plan contains good measures that can show the importance of the prevention of Type 2 diabetes. But there is a fragmented approach to prevention programmes which tend to concentrate on those who have been diagnosed rather than those who are pre-diabetic. Focussing on pre-diabetic people, where simple adjustments could bring about considerable benefits, is where the focus of an effective prevention programme should be. We would therefore welcome a prevention programme targeting the pre-diabetic population.