About Roche Diabetes Care
Roche Diabetes Care is the market leader for the provision of blood glucose monitoring technology in Scotland. Under the brand Accu-Chek and in collaboration with partners, Roche has innovated to improve diabetes care for over 40 years.

Roche Diabetes Care creates value by providing integrated diabetes management solutions to monitor glucose levels, deliver insulin and track relevant data points for successful glucose management. By establishing a leading open digital platform, connecting devices and digital solutions, Roche Diabetes Care will enable personalised diabetes care and thus improve therapy outcomes. Roche Diabetes Care will additionally use digital technology to support individuals at risk to prevent the onset of type 2 diabetes. For more information please visit www.accu-chek.co.uk.

About Type 2 Diabetes
There are approximately 250,000 people living with type 2 diabetes in Scotland. There are also around 45,000 people in Scotland who have type 2 diabetes but who have not yet been diagnosed. With around 50 people being diagnosed with diabetes every day, 500,000 people in Scotland are categorised as being at a very high risk of type 2 diabetes and it is anticipated this many people will have diabetes in Scotland by 2035.

Diabetes represents one of the most significant financial challenges to NHS Scotland, with spending of around £1 billion on diabetes every year – equal to 10% of the entire budget.

The cost of treating the complications of diabetes – including amputations, kidney disease and blindness – accounts for 80% of the annual bill for diabetes.

Preventing just a fraction of these complications could generate significant savings to the NHS, as well as reducing pain and distress for individuals. This means preventing people from developing Type 2 diabetes in the first place, for example by helping them to maintain a healthy lifestyle and body weight. It is also extremely important to focus on secondary prevention for those who have already been diagnosed with type 2 diabetes which can be achieved by enabling people with diabetes to manage their condition as well as possible, thereby avoiding the development of serious complications with high human and financial costs.

Evidence to the committee
We have considered the priority areas identified within the Scottish Government’s Diabetes Improvement Plan 2014. For the priority areas of relevance to type 2 diabetes and in which we have direct experience, please find brief comments below.

Priority 1: Prevention and Early Detection of Diabetes and its Complications

- In our experience, GPs are not systematically reviewing their patient records to identify those who may be at risk of type 2 diabetes. Primary capacity to undertake this exercise may not be available at present.

- Early detection of someone living with or being at risk of type 2 diabetes can allow for behaviour/lifestyle changes or medical intervention that may prevent complications. Whilst we have seen improvements in the earlier detection of type 2 diabetes, in many areas there are not clear pathways in place for the GP to refer to and begin the important behaviour change process to facilitate primary or secondary prevention.
- Population level public health messaging, focused more often on obesity rather than type 2 diabetes specifically, has improved in recent years.

As there are many people who are not obese but are at risk of type 2 diabetes, and many more who are obese but are not receptive to population level messaging, we would argue for more investment in individual interventions focused on sustainable behaviour change. In most areas of Scotland, there are many opportunities and facilities available to engage in physical activity and we welcome recent improvements to this but accessibility is often not enough for harder to reach groups and so again the focus must be on behaviour change.

Priority 3: Person Centred Care

- The average person with diabetes will spend just three hours a year with a healthcare professional. This means that they will spend most of their time managing the condition themselves. Everyone living with diabetes should therefore be supported to gain the skills, knowledge, confidence and tools to self-manage their own condition where possible.

- The Improvement Plan notes that “good self-management can be achieved through access to education” and that most people with type 2 diabetes have never been through a formal structured education course. In our experience this remains unchanged since 2014. The focus on place-based and lengthy structured education courses can make the offerings unappealing to people with diabetes and to health care professionals who both lead busy lives.

- Digital technology can be used to help refine and augment current training programmes, by enabling clinicians to learn from patients about what motivates them and therefore what support to provide. There is also potential through digital technology to offer online courses, which could be undertaken by patients in their own homes at a time convenient to them. Apps also have the potential to support improvements. For example, apps can be a means for patients and healthcare professionals to share glucose monitoring data, enabling remote support and self-management, with rapid intervention if necessary.

Priority 5: Supporting and Developing Staff

- Equipping individuals to self-manage requires an investment of time upfront from healthcare professionals to ensure that patients have the knowledge, confidence and tools to do this well. This necessitates healthcare professionals themselves being up to speed on the latest technologies.

- Roche Diabetes Care provides free of charge education to health care professionals, some of which is CPD accredited such as our course on the DVLA rules for driving with diabetes. We find a workforce eager to acquire any knowledge that might help support those in their care but we also find that time available for education and training is very limited.
Priority 8: Innovation

- For anyone with diabetes who uses insulin (which includes c25,000 people with type 2 diabetes in Scotland), regular testing is vital to know whether blood sugar levels are under good control. Testing is also important for many people with Type 2 diabetes, if they are treated medications that carry a risk of hypoglycaemia or if they self-report value to their self-management.

- Diagnostics devices, such as blood glucose meters for people with diabetes, have the potential to improve patient outcomes and experience, and to save the NHS operational costs, by enabling targeting of treatments. However, when NICE or SIGN issues positive guidance for a diagnostic, or it is listed on the drug tariff, it does not carry the funding requirement that comes with positive technology appraisal guidance for a medicine. This lack of mandatory funding direction can result in slow and varied uptake of diagnostics, akin to a postcode lottery, which needs to be addressed.

- Blood glucose monitoring meters are not a new technology but for the type 2 diabetes community, the uptake of this innovation is still far from ideal. Diabetes UK recently reported a survey (which included Scottish respondents) that found that one in four people with diabetes (27%) had faced restrictions in obtaining testing strips, an increase in restrictions from five years ago. Reasons given for these restrictions in access to test strips included budget constraints and/or a perception that patients were testing ‘excessively’. In addition, two thirds of patients (66%) were given no choice of blood glucose meter or had been switched to a different meter, with cheaper consumables, without any discussion. Of these, 25% were not happy with the meter provided. Diabetes UK stated that:
  
  o “The restriction of test strips and meters to people with diabetes is driven by the need for short-term cost savings and rarely by the needs, or clinical benefit, of people with diabetes. This can cause immediate and long-term health problems for people with diabetes, undermining their ability to self-manage and take control of their condition. It can affect safety, quality of life and when test strips are bought privately it transfers the financial cost from the NHS to people living with diabetes and their carers.”

Further information
If you have any questions or require any further information please contact Conn O’Neill at conn.oneill@roche.com or on 07525 765976.

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1 Diabetes UK, Facts and Stats, 2016
2 Diabetes Scotland, Impact Report, 2015
4 HC Debate 7 June Volume 611 Column 64WH, 2016