Cross-Party Group on Diabetes

Date and Time 3rd December 2024 6:30-8:30

Minute

Present

MSPs

List MSPs names – Paul O'Kane MSP, Emma Harper MSP, Jenni Minto MSP and Sarah Boyack MSP

Invited guests

Non-MSP Group Members

Mary Moody

Mhairi Macdonald

Paul Niven

Robert Lindsay

Ruth Chapman

Sarah Wild

Sheila M

Sheila Reith

Shelley Murray

Shiela Trachsier

Stephen Nixon

Stuart McLaughlan

Susan Fletcher

Syed Kerbalai

Vicky Gkloumpou

Alison Grant

Alison Templeton

Billy Wright

Bryony Murray

Bushra Riaz

Caroline Miller

Dave Curry

Elliott Fulton
Gillian Frayling-Kelly
Gordon & Christine Ritchie
Grant Reilly
Grant Thoms
Emma Harper MSP
Heather Rankine
Ian Aitken
Ian Sloan
IHGN (Michael Houghton)
Isabel Macleod
Izzy Roberts

Jessica Chapman

Jinty Moffett
JN Fraser
Judith Kennon
Kirsty Jarvis
Laurie Eyles
Lesley Murdoch
Lesley Ross
Leigh Mair (HP MA) BI-GB-B

Apologies

Lochlan Murdoch BCyA Julie Taylor Graeme McArthur Ron McDowall

Agenda item 1

AGM Business:

- Paul O'Kane MSP (proposed by Sarah Boyack MSP and seconded by Emma Harper MSP) and Emma Harper MSP (proposed by Sarah Boyack MSP and seconded by Paul O'Kane MSP) were re-elected as Co-Conveners of the Cross-Party Group on Diabetes.
- Diabetes Scotland was re-nominated as Secretary of the group (proposed by Paul O'Kane MSP and seconded by Emma Harper MSP).

2.

Agenda item 2

Minister's Update:

- Jenni Minto, Minister for Public Health and Women's Health, discussed:
 - Recognised that many people attending the CPG feel there has not been enough communication regarding progress in diabetes care.
 - Progress in rolling out diabetes technology, especially closed-loop systems for children – 63% of all children with type 1 diabetes in Scotland manage their condition using a closed loop system. This year funding has been provided for over 900 under eighteens.
 - Complexity of the adult program the hope is by Spring 2025 205 of all adults with type 1 diabetes will have access to closed loop technology.
 - Challenges with equity in access across different health boards, that children should have access to technology that has a 'follow me' function.
 - Plans for continued collaboration to address barriers to technology access. The national onboarding team is an example of a truly codesigned pathway, with the core focus of providing quality education to those living with diabetes. Of the 330 people onboarded by the team to date 100% would recommend the service.
 - Acknowledged that some people say there is a lack of a published plan. Scottish Government strives for universal access to diabetes technologies but does not feel that setting targets would speed the process up.
 - Highlighted the significant work across other areas of type 1 and type 2 diabetes care including: inpatient care, pregnancy and type 2 prevention.
 - The consultation process for a long-term conditions strategy in the upcoming year.
- Acknowledged the complexity of resource allocation and the challenges posed by workforce and financial constraints.

Agenda item 3

Participant Feedback:

- Members raised concerns about disparities in technology access (e.g., Dexcom vs. Libre sensors) and post-code lotteries.
- Some patients reported being denied preferred treatments due to financial constraints in their health boards.

- What Scottish Government has provided funding for is not being put into practice at health board level.
- Suggestions were made for better preventative care strategies, streamlined processes for diabetes management, and equity in access to technology.

Agenda item 4

Scottish Diabetes Survey:

- o Professor Sarah Wild presented data trends:
 - The increasing prevalence of diabetes, particularly among younger adults for Type 2 diabetes.
 - Improvements in glycemic control for people with Type 1 diabetes due to technology.
 - Persistent health inequalities by geography and socio-economic status.
 - Recovery in routine diabetes care post-COVID.

Agenda item 5

Next Steps:

- It was suggested the group draft a letter to the Minister post-budget to address concerns raised.
- Ongoing dialogue with NHS boards and other stakeholders was encouraged to ensure consistency in care delivery.