Cross-Party Group on Diabetes

Friday 6 February 2026, 9.15am

Minute

Present

MSPs
Emma Harper MSP (Co-convenor)
Paul O'Kane MSP (Co-convenor)

Invited guests
Dr Paul Nelson, Public Health Scotland

Non-MSP Group Members
Ian Aitken
Michelle Brogan
Vicki Cahill
Susan Fletcher
Norma Fraser
Gillian Frayling-Kelly
Jenn Hall
Michael Houghton
Judith Kennon
Syed Kerbalai
Robert McGeachy
May Milward
Sheila Minty
Jinty Moffett
Mary Moody
Claire Muir
Paul Niven
Heather Rankine
Bushra Riaz
Christine Ritchie
Lesley Ross
Alison Templeton
Sheila Trachsler
Lucy Walczak

Apologies

Vicky Gkloumpou
Alison Grant
Brian Kennon

Stephen Nixon
Carolyn Oxenham
Ian Sloan
Sarah Wild

Agenda item 1
Welcome

Emma Harper MSP welcomed everyone to the meeting in her role as Co-convenor of the Cross Party Group on Diabetes. She noted that it is unusual to be meeting online but that the demands of parliamentary business have meant that hosting a hybrid meeting has not been possible on this occasion and that today's format has been agreed to enable the meeting to go ahead before the end of the parliamentary term.

Agenda item 2
Insights on the Scottish Diabetes Survey 2024

Dr Paul Nelson, Clinical Lead for Diabetes at Public Health Scotland and NHS Lanarkshire, presented data and evaluation from the Scottish Diabetes Survey 2024. Dr Nelson highlighted that the work on the Scottish Diabetes Survey is led by Sarah Wild and she has kindly shared her work.

Diabetes is a significant public health issue that causes major complications such as cardiovascular disease, kidney disease and retinopathy, as well as leading to increased risk of serious conditions such as stroke, infection and pregnancy complications. Evidence indicates that someone who is diagnosed with type 2 diabetes at the age of 40 is likely to lose 10 years of life.

Scotland has one of the best registers of disease in the world – SCI Diabetes – and it is used to inform the Scottish Diabetes Survey which has been published annually since 2002. SCI Diabetes is a central data base that is used by health professionals across the health system on a daily basis to record information about the delivery of diabetes care.

The Scottish Diabetes Survey aligns with other strategies such as the Diabetes Improvement Plan and helps to improve our understanding of diabetes care. In turn, this enables us to focus on the challenges and aspirations of policy and practice and the survey provides a way to benchmark progress in Scotland.

The latest Scottish Diabetes Survey shows that the prevalence of diabetes (all types) has increased in Scotland from 3.2% of the population in 2004 to 6.7% of the total

population in 2024 (0.7% of the population have a type 1 diagnosis; 5.7% have a type 2 diagnosis). This increase has accelerated in recent years and the prevalence of diabetes continues to rise. Dr Nelson shared that the Scottish Burden of Disease Study projects that these numbers are likely to increase by 15% (when accounting for demographic changes only) or 36% (when accounting for historic trends in addition to demographic changes) by 2044, which would then account for approximately 8% of the total population.

Scottish Diabetes Survey 2024 data shows that the risk of type 2 diabetes is almost double for those living in the most deprived areas. Women living in the most deprived areas are 2.5 times more likely to develop type 2 diabetes compared to those in the least deprived areas, while men in the most deprived areas are almost twice as likely to develop type 2 diabetes as their male counterparts in the least deprived areas. This shows strong evidence of health inequalities relating to deprivation.

Diabetes prevalence varies by health board area in Scotland. When considering age-adjusted data, Lanarkshire is consistently the area with the highest reported levels of diabetes, while Shetland has the lowest reported levels. However, the total number of people being diagnosed with diabetes shows sustained annual growth year on year.

Data on the prevalence of type 1 diabetes shows that levels of diagnosis increased sharply from 1968 until the 1980s. The overall rise continued until the early 2000s, although at a slower rate, before plateauing to current levels. Overall, the total number of people diagnosed with type 1 diabetes has more than doubled since the 1960s but current levels remain stable. This information is important for planning ahead and to understand the type of care and support that will be needed to manage both current and future burden of disease.

Figures for type 2 diagnosis indicate that there has been a sharp rise in incidence among young adults since 2018. While incidence has risen across all age groups, the most rapid rise of diagnosis of type 2 diabetes is experienced by young adults under the age of 40. This is attributed to rising levels of obesity, increased socio-economic stress, post-Covid metabolic effects and earlier onset risk factors. This highlights the need for new approaches to prevention and remission.

As the prevalence of diabetes increases, more people are being diagnosed with diabetes than are dying as a result of diabetes. Across the world, including in Scotland, people with diabetes are living longer. Dr Nelson highlighted successful global health improvement programmes such as the North Karelia Project in Finland which used a societal wide approach to addressing lifestyle behaviours.

The 9 key indicators of diabetes care recommended by NICE (National Institute of Health and Care Excellence) are measured by the Scottish Diabetes Survey. Evidence indicates that work needs to be done to improve access to these annual diabetes checks for people living with all types of diabetes. The data shows that the number of diabetes checks carried out during the period of the Covid-19 pandemic reduced considerably, and while this has improved in recent years, access to annual checks has still to recover to pre-Covid levels.

Dr Nelson concluded his presentation by reflecting on data that confirms that access to new technology, including continuous glucose monitors and closed loop systems, has improved. The figures show that population access is increasing. This has been supported by ANIA (Accelerated National Innovation Adoption) – a national pathway for fast-tracking proven technological innovations across NHS Scotland, specifically through three diabetes-specific programmes:

- *National Closed Loop System (CLS) Onboarding Programme* – supporting local health boards to deploy CLS devices by providing a six-week onboarding service including device delivery and patient training.
- *Diabetes Remission Programme* – a national digital programme aiming for drug-free Type 2 diabetes remission for 3,000 people with type 2 diabetes, structured around a 12-month behaviour change programme, remote monitoring and coaching.
- Diabetes Prevention Programme – an early intervention programme for people with prediabetes, targeting 10,000 people with intensive digital lifestyle support.

Q&A:

Emma Harper thanked Dr Nelson for his informative and helpful presentation. She reflected on the impact of health inequalities, particularly for those living with type 2 diabetes.

Emma Harper posed a question seeking insight into the impact of ultra processed foods (sometimes known as junk food) and calorie dense food on obesity levels and rising levels of type 2 diabetes. Dr Nelson acknowledged that there is a link between lifestyle factors and diabetes, and with health and wellbeing more generally. He recognises that the food environment plays a significant role in influencing patterns of behaviour that may increase the risk of developing type 2 diabetes and that there is a clear need for prevention approaches to address this issue. The food industry heavily influences what is available on people's plates and in supermarkets, so they have a role to play in addressing some of the factors that affect individuals' risk of type 2 diabetes.

Mary Moody reflected on the increasing number of people living longer with diabetes, highlighting that there are a significant number of older people living with type 1 diabetes. She notes that this will have implications for those who go on to develop cognitive impairments as they age in terms of successfully managing and treating their diabetes and about ensuring that these figures are accurately recorded by the Scottish Diabetes Survey to be addressed as a public health priority. Dr Nelson agreed that this was likely to be an increasing risk and agreed to take this comment back to the team who gather and analyse data for the Scottish Diabetes Survey for further consideration.

Lesley Ross commented on the data highlighted in relation to deaths from diabetes and sought more detail around the breakdown of these figures for those with type 1 diabetes and those with type 2 diabetes. Dr Nelson acknowledged that reporting figures relating to death was complicated since diabetes can be both an underlying cause of death and a direct cause of death, e.g. in instances where a person living with type 1 diabetes dies as a direct result of diabetic ketoacidosis. Dr Nelson noted that he did not have the figures available at the time of the meeting but agreed to obtain the data from the team and share this with the participant who raised the issue.

Paul Niven enquired about whether there are any plans to share data from SCI Diabetes more frequently (closer to real-time data) than the current annual data publication. Dr Nelson acknowledged that more up-to-date data would be welcome, however, he indicated that there are no plans at the current time to change how the data is made available. The 2025 survey will be published as soon as possible.

Jinty Moffett noted that it would be better to measure the number of people who are dying early as a result of diabetes rather than arbitrary figures for death in general. She acknowledged that this may be difficult to measure. Dr Nelson indicated that data relating to premature mortality is currently measured. He reiterated that the data indicates that people are living longer with type 1 and type 2 diabetes and that the figures suggest that this is moving in the right direction.

Emma Harper sought some insight from Dr Nelson around access and availability of GLP1 medications for weight loss and their impact on outcomes for people with diabetes, noting that there are associated issues such as cost and the need for monitoring. Dr Nelson acknowledged the excitement around this area of development and noted the significant investment in these medications over time, as well as the increasing demand for these medications. He noted that these medications were developed as treatment for diabetes and remain part of NICE guidelines. However, he also acknowledged the risks that these medications pose when they are not administered under medical supervision, particularly within the private sector rather than under the NHS. They came more widely to the market after the implementation of the remission and prevention programmes in Scotland so

consideration has to be given around what impact they might have on participants and their outcomes, particularly those who purchase them privately and how this will affect the evaluation of these programmes. Dr Nelson believes that a pragmatic approach is needed.

Sheila Minty enquired about what impact is expected on the incidence of type 2 from the remission and prevention initiatives and how these will be measured for the Scottish Diabetes Survey. Dr Nelson noted that the remission and prevention programmes will be evaluated – there is a 'benefits realisation' analysis built into the design of each study. Dr Nelson noted that the direct research trial on remission showed that 46% of participants were in remission after one year, 36% remained in remission after 2 years and 13% achieved remission after five years. Therefore, there is an expectation that participants in the remission programme will show increased numbers of people who achieve remission of type 2 diabetes compared with those who do not participate in the remission programme. The use of GLP1 medication might complicate the evaluation of the programme so this needs to be considered ahead of the completion of the evaluation.

Emma Harper highlighted the widening understanding of the effects of GLP1 medications and noted that there is a view that the introduction of oral medications may change the landscape again. Dr Nelson also noted that many of the current GLP1 medications available on the market will be reaching the end of their patent-life which means that there will likely be an increase in the availability of generic products which may result in a further increase in their use.

Paul Niven commented on the importance of speaking clearly about type 2 diabetes when discussing prevention and remission. He noted that there remains confusion about the differences between type 1 diabetes and other forms of diabetes. Emma Harper highlighted that while knowledge around diabetes has improved over recent years, there is still sometimes confusion around the differences between the conditions. Dr Nelson acknowledged the importance of this distinction and highlighted clear disease differences between type 1 diabetes and type 2 diabetes.

Emma Harper thanked Dr Nelson for his presentation and his participation in the Q&A session.

Agenda item 3

Reflections on Diabetes Scotland's election manifesto

Jenn Hall, National Director for Diabetes Scotland, presented on the development and publication of Diabetes Scotland's election manifesto 2026.

Jenn noted that the manifesto, '*Care, Consistency, Choice'*, was published and launched on 29 January.

The manifesto was developed using feedback from people with lived experience of diabetes, as well as those affected by the condition, clinicians and industry leaders through a series of online and in-person engagement sessions that focused on what is important to people living with diabetes. Throughout these sessions, three overarching themes emerged from the discussions and conversations that were held:

- *Care:* being seen, heard and respected with easy access to intervention, prevention, education and compassionate, person-centred healthcare at every stage.
- Consistency: reliable diagnosis and treatment, uninterrupted access to care, and steady support regardless of where you live, who you are or what stage of your journey.
- Choice: empowering people with the knowledge, tools and options to prevent complications and manage diabetes in ways to fit their individual lives.

The manifesto was developed to reflect these underpinning principles.

Jenn noted that the manifesto does not reflect all of Diabetes Scotland's key priorities but is focused on the areas of change and improvement that could be supported by the next Scottish Government. Diabetes Scotland will continue to engage in wider issues related to policy and practice based on the organisation's strategic plan.

The manifesto sets out five key asks for the next Scottish Government:

- End the postcode lottery of care for people with diabetes
    - Developing and enforcing national minimum standards for diabetes care and review across all NHS boards, including timely access to specialist teams, structured education and appropriate technology, as well as clear pathways for people transitioning across services.
    - Ensuring that eligibility criteria for diabetes technology and services are standardised, transparent and applied consistently across every NHS board, improving equitable access for everyone.
    - Improving national data collection and public reporting to identify and address variation, including tackling health inequalities experienced by people in deprived, rural and remote communities who are disproportionately affected by poor access to care and higher rates of complications.

- Make diabetes care more connected

    - Developing co-ordinated care pathways designed around the person, seamlessly connecting primary, secondary, and community services through a multidisciplinary team, and creating one personalised plan that reflects what matters most to them – combining clinical goals with quality-of-life priorities for truly holistic support.
    - Embedding mental health support as a routine provision of diabetes care, with timely access to counselling and peer support for those experiencing diabetes-related distress.
    - Increasing accessibility to services and supports by offering these services flexibly to fit people's lives.

- Deliver equitable access to life-changing technology
    - Continuing investment in timely access to diabetes technology, ensuring that everyone who can benefit from diabetes technology can access it, where and when they need it, accounting for different life stages and circumstances and individual needs.
    - Delivering timely and effective structured education and ongoing support, ensuring people can use devices safely and effectively.
    - Ensuring people with diabetes are supported to make an informed choice about the tools they use to manage their diabetes, including the right to choose between devices and systems that best fit a person's lifestyle.

- Put people at the centre of diabetes care
    - Supporting healthcare professionals to embrace shared decision-making and personalised care planning, where treatment goals are set collaboratively and shaped around the person's life, preferences and priorities, and access to care and support is timely and flexible.
    - Improving access to information and support on the prevention and self-management of diabetes, including promoting the use of digital tools such as My Diabetes My Way and Digibete to empower individuals and increase confidence in day-to-day care.
    - Enabling meaningful involvement of people with diabetes in policy development, service redesign and evaluation based on the principle of co-production.

- Invest now for the future
    - Expanding investment in diabetes prevention approaches that seek to reduce the incidence and prevalence of type 2 diabetes, including action to prevent obesity and improve the food environment, alongside the implementation of diabetes risk identification and screening programmes that enable early intervention and support healthier lifestyles.

- Funding increased workforce capacity to deliver timely, high-quality care and support and tackle long waiting lists, including specialist nurses, dietitians, podiatrists and psychologists.
- Enabling and promoting access to training and education among healthcare professionals, such as Diabetes UK's accredited training and Continuous Professional Development (CPD) resources that increase knowledge and understanding of diabetes and its impact on patients.

Emma Harper thanked Jenn for her presentation and suggested combining the Q&A session for agenda items 3 and 4.

Agenda item 4

Next Steps for the Cross Party Group on Diabetes

Vicki Cahill, Policy and Public Affairs Manager at Diabetes Scotland, provided a brief overview of the next steps for the Cross Party Group (CPG).

This will be the last meeting of the CPG ahead of the next Scottish Parliament elections which will take place on Thursday 7 May. The work of the CPG will be paused until after the next election and the group will seek to be re-established – according to current parliamentary rules, the group must identify cross-party membership of the CPG from the new MSP cohort, including a convenor or co-convenors, hold an initial meeting and re-register within 90 business days of the first meeting of parliament after the election.

However, the Scottish Parliament is currently reviewing arrangements regarding CPGs. There are a significant number of CPGs (currently around 123) and it has been suggested that steps will be taken to try to reduce the overall number of groups.

Diabetes Scotland, as the secretariat of this CPG, will endeavour to ensure that this CPG continues and will reach out to the Scottish Parliament Clerks for further clarity about what new processes will be adopted in the coming months. There are no guarantees about what will happen in the future but Diabetes Scotland will keep members updated when new information becomes available.

Emma Harper confirmed that the processes for CPGs are likely to change and that there may be a delay in reconvening a CPG after the next election. It is possible that action to re-establish a CPG may be delayed until after the Scottish Parliament's summer recess comes to an end, possibly in September 2026. In addition, consideration is being given to the introduction of a cap on the number of CPGs an MSP is allowed to participate in, either as convenor, deputy convenor or member. Guidance is likely to be issued before the end of the current parliamentary session.

Emma went on to note that she welcomes the work of the CPG and believes that there is merit in continuing this CPG. She will support efforts to e-establish this group.

Q&A:

Sheila Trachsler enquired about steps that have been taken to share the manifesto with current MSPs. Vicki Cahill confirmed that the manifesto was shared with all MSPs following last week's launch event.

Lesley Ross enquired about plans for the Scottish Government's lived experience panel for type 1 diabetes, noting that a few meetings were held but that the group has not resumed. Vicki Cahill noted that a decision on the continuation of lived experience panels will likely be considered following the next election and will be determined by the next government's priorities moving forward. Emma Harper noted that the current Scottish Government has a strong focus on the role of people with lived experience in informing and engaging around a range of policy issues. She noted that a Statutory Instrument (SI) will be heard in the Scottish Parliament soon to extend voting rights to people with lived experience, carers and third sector organisations who are representatives on Integrated Joint Boards (IJBs). She hopes that the focus on lived experience input into decision-making will continue in the next parliamentary term.

Agenda item 5
Closing remarks

Emma Harper noted her thanks to everyone who has participated in the CPG over the last parliamentary term, both in-person and online. She thanked the clinicians and experts who have joined meetings throughout the term to address the group and to share their knowledge and insights with the group. She recognised the contribution of the group to the delivery of the parliamentary events, including the most recent event to mark World Diabetes Day in November 2025. Emma thanked Vicki Cahill, Jenn Hall and other Diabetes Scotland colleagues for their support in organising the CPG in their role as secretariat.

Jenn Hall expressed her thanks to Emma Harper and Paul O'Kane for their contribution to the CPG as co-convenors. She acknowledged their hard work and effort in making the CPG a success.