

# Cross-Party Group on Diabetes

Wednesday 11<sup>th</sup> June 6pm

Minute

Present

MSPs

Emma Harper

Paul O'Kane

Invited guests

Prof Brian Kennon, Diabetes Consultant, Chair of the Scottish Diabetes Technologies and Innovation Group

Laurie Eyles, Scottish Government Professional Advisor

Jacqueline Walker, Scottish Government Professional Advisor

Non-MSP Group Members

Alison Grant (Diabetes Scotland)

Jude Kennon (Diabetes Scotland)

Vicky Gkloumpou

Sheil Trachsler

Mags Madden

Lesley Ross

Leigh Mair

Sharon Peoples

Ian Sloan

May Millward

Shelley Murray

Grant Reilly

JN Fraser

Ian Aitken

Jinty Moffet

Mandy Christie

Christine Ritchie

Mary Moody

Stuart McLaughlan (Dexcom)

Sheila Reith

Graeme McArthur (Abbot)

Lucy Walczak (Air Liquide)

Alison Templeton

# Apologies

Stephen Nixon

## Agenda item 1

Emma Harper, as Co-convenor of the Diabetes Cross Party Group, welcomed everyone to the meeting and stated the meeting was being recorded.

## Agenda item 2

Emma introduced Dr Brian Kennon who provided a high-level update on the national diabetes technology programme, with an emphasis on progress made, funding allocations, and the onboarding of patients to closed loop systems. He noted previous CPGs had focused extensively on diabetes tech and highlighted the value of using this session to also address broader aspects of diabetes, particularly Type 2.

Key Updates:

- 2024–25 National Funding Impact:
  - Central funding enabled onboarding of 2,100 additional patients onto closed loop systems.
  - 50% of these were under-18s, aligning with the Scottish Government's policy aim to expand paediatric access.
  - 80% predicted uptake of closed loop systems among under-18s.
  - The National Onboarding Team has been a critical success, onboarding 1,000 patients in 9 months with 2.5 full-time educators, in partnership with industry.
    - Achieved 99.5% performance and 100% satisfaction.
    - Results to be showcased in a planned September webinar.
- 2025–26 Funding & Access Model:
  - Additional £6.252 million in central funding secured to onboard 2,500 more patients.
    - Approx. 500 paediatric, based on average new diagnoses under 18.
    - 2,000 adults, with flexibility to adjust based on local demand.
  - A more flexible funding model is being implemented:
    - Allocations are based on patient numbers, not specific device types.
    - Boards must meet minimum onboarding targets but are free to allocate by local needs.
  - Funding covers pumps and CGM for under-18s; for adults, primarily pumps, though some flexibility remains.
  - Funding also supports:
    - Continued operation of the National Onboarding Team.

- Enhancements to SCI-Diabetes for better performance monitoring and reporting.
- Strategic Notes:
  - Scotland has achieved over 70% of <18 with Type 1 on closed loop systems.
  - Emphasis on cost-effective procurement under the Scottish tech framework.
  - Ongoing efforts to ensure equitable access, despite varying board-level implementation and financial pressures.

#### Questions & Discussion:

- Lesley Ross raised concerns regarding access to Dexcom and Omnipod devices for children.
  - Dr. Kennon confirmed central funding covers both pumps and CGM for under-18s.
  - Stressed that decisions lie with individual health boards, though clinical justification should allow access to specific devices.
  - Clarified the £6.252 million is ring-fenced for diabetes tech.
- Sharon Peoples asked whether the new funding accounts for reducing existing paediatric waiting lists.
  - Dr. Kennon clarified:
    - Previous funding aimed to provide 80% paediatric coverage.
    - Current allocations aim to reduce wait times and provide equitable distribution between paediatric and adult services.
    - Boards are advised to allocate based on clinical need across both groups.
- Mary Moody sought clarification on adult eligibility and access to CGM.
  - Dr. Kennon explained funding assumes most adults already use CGM (e.g., Libre), so current funding is directed primarily toward pump access, while recognising the importance of connectivity between devices.
- Emma Harper MSP raised a question about how clinicians decide between available technologies (e.g., Omnipod vs. Medtronic).
  - Dr. Kennon outlined that clinical factors (e.g., insulin dose, device compatibility) guide device selection.
  - Boards also consider cost-effectiveness, but clinicians retain discretion to deviate based on individual needs.
- Dr. Robert Lindsay, National Clinical Lead for Diabetes, added:
  - Welcomed the positive momentum, especially for Type 1 diabetes in pregnancy, where full tech access is becoming standard.
  - Emphasised the importance of ongoing investment, while recognising more work is needed in adult care.

#### Conclusion:

Dr. Kennon reiterated that Scotland remains committed to expanding diabetes tech access, supported by central funding, collaborative leadership, and evidence of impact. The group acknowledged the transformative impact of closed loop systems and praised the efforts of clinical teams and the national onboarding programme. He

emphasised that the funding means over £14 million protected central funding this year is for ongoing support for expansion of diabetes tech.

A dedicated webinar on diabetes technology in Scotland will be hosted by Diabetes Scotland in September to explore these issues in more depth.

## Agenda item 3

Emma introduced Laurie Eyles and Jacqueline Walker to update on Type 2 Diabetes: Prevention, Remission and Clinical Guidelines.

Laurie and Jacqueline hold dual roles in both NHS boards (Lothian and Grampian, respectively) and the Scottish Government's Diet and Healthy Weight team, advising on obesity and Type 2 diabetes policy. Laurie then provided the following information:

- Policy Progress:
  - Since 2018, Type 2 diabetes has been a focus of government strategy through the *Diet and Healthy Weight Delivery Plan* and a specific prevention and early intervention framework, supported by dedicated board-level funding.
  - That funding has now been "baselined", i.e., made permanent, enhancing stability for local services.
- Pathways Developed:
  - Prevention programmes for those at high risk (e.g. digital tools like Second Nature, Aviva, myDesmond).
  - Support post-gestational diabetes to reduce risk of developing Type 2.
  - Weight management services and remission programmes (notably the 800-calorie Total Diet Replacement programme).
  - National data collection via the *TURAS* platform, with ongoing work to integrate with *SCI-Diabetes* for long-term impact tracking.
- New Clinical Guidance – SIGN Guideline:
  - First national guideline in Scotland for Type 2 prevention and remission, recognising it is now a preventable and potentially reversible condition.
  - Emphasis on targeted, not population-wide, screening using tools like the Diabetes UK risk score.
  - Clear guidance for both clinicians and the public, accessible online and via an app – The Right Decision service
  - Recommendations include use of GLP-1-based medications (e.g., Wegovy, Mounjaro) and low-calorie diet interventions to induce remission in newly diagnosed patients.
- New National Remission Programme:
  - £4.5 million investment over 3 years to roll out a national digital Type 2 remission service via the Accelerated National Innovation Adoption (ANIA) pathway.
  - Pre-implementation underway; patient onboarding expected from January 2026.
  - Aims to reach 3,000 patients.

- Next Steps:
  - A refreshed *Diet and Healthy Weight Plan* will follow the upcoming publication of the *Population Health Framework*.

Work on broader public health measures such as HFSS (high fat, salt, sugar) food promotion restrictions and the *Good Food Nation* policy are key to supporting a whole-system approach.

- Prevention:
 

As of 2023, 310,000 people in Scotland live with Type 2 diabetes (approx. 5% of the population), with 25,000 new diagnoses that year. This number is projected to rise to 420,000 by 2044, highlighting the urgent need for effective prevention strategies.
- Digital Prevention Programme (ANIA Project):
 

A value case is being presented to the Accelerated National Innovation Adoption (ANIA) board in June. If successful, it would support a national digital prevention programme, aiming to reach 15,000 people over 3 years and prevent at least 4,000 progressing to Type 2 diabetes—projected to save the NHS £20 million. This programme complements, not replaces, existing in-person services across health boards.
- Remission Pathways and Challenges:
 

The existing remission programme (soups and shakes, 800-calorie diet) remains intensive and not suitable for everyone. Around 40–45% of participants achieve remission; others still benefit from significant health improvements. New digital delivery models will improve accessibility, especially for those with logistical or financial barriers to attending in-person sessions.
- GLP-1 Weight Loss Medicines:
 

Supply issues have now resolved. However, while over 1 million Scottish adults meet current eligibility criteria (BMI >30 + one clinical condition), NHS capacity cannot support universal access. A phased rollout is underway, beginning with those most at risk (BMI >38 + one or more conditions like Type 2 diabetes, cardiovascular disease, or sleep apnoea).
- Policy and System Improvements:
 

Work is ongoing to improve data linkage and integration using Scotland's CHI (Community Health Index) number. This supports development of weight management pathways and aligns with cardiovascular prevention efforts. Bids have been submitted by most Scottish health boards for national innovation funding (£50,000 per bid) to help design a digital weight management pathway.
- Support and Peer Involvement:
 

Peer support has been highly valued in other diabetes programmes (e.g. for Type 1), and there's interest in extending this to digital remission programmes. Group-based approaches are currently used in in-person services; digital platforms will look to replicate this support structure.
- Environmental and Societal Factors:
 

The importance of addressing wider food environment issues was raised, including concerns over ultra-processed foods and the marketing tactics that influence unhealthy eating habits. There was discussion of learning from Ireland's approaches to alcohol and food advertising.

## Agenda item 4

### AOCB

Visit of Prof. Peter Schwarz, President of the International Diabetes Federation (IDF):

Members reflected on a successful visit hosted by Digital Health and Innovation, with Prof. Schwarz engaging with stakeholders in Parliament and across the diabetes community. Discussions included Scotland's strengths in digital diabetes care (notably SCI-Diabetes and My Diabetes My Way), research access, and innovation in technology such as hybrid closed-loop systems. Scotland was praised for its integrated approach and was recognised as a leader in diabetes care internationally.

#### Key Themes:

- **International Collaboration:** Valuable knowledge exchange on digital health systems, diabetes remission programmes, and global challenges (e.g. high prevalence rates in South Asia and the Middle East).
- **Stigma and Language:** Tackling stigma, particularly around type 1 diabetes, was highlighted as a priority. Positive initiatives like involving young advocates and professional football were discussed. A stigma toolkit is under development through the Diabetes UK Ambitions Programme.
- **Insulin Supply Issues:** Concerns were raised regarding upcoming and current shortages of NovoRapid cartridges and future supply issues around Levemir. Members were advised to monitor medicine supply notifications, and MSPs may write to the Chief Pharmacist or Public Health Minister to raise awareness and improve communications.
- **Next Meeting:** It was agreed to look toward holding the next CPG meeting later in the year potentially including an **in-person parliamentary event** and the group's **AGM**.