Scottish Parliament Cross Party Group on Diabetes AGM

Minute of meeting: Tuesday 10th February 2016

Committee Room 4

Present:

Nanette Milne MSP
David Stewart MSP
Jane-Claire Judson
Azra Wyart
Linda McGlynn
Ryan McFadden
Gavin Thomson
Rupert Pigot
Heather Rankine
Paula Collings
Emma Cartwright
Dani Cochrane
Marylin Boland
May Millward
Michael Grieve
Ian Sloan
Holly Davies
Dave Duff
Collette Foord
Alistair Emslie-Smith
David Eadie
Kirsty MacLennan
Mary Cawley
Isobel Miller
Elizabeth Hunter
Emma Harper
Tom McKay
Barbara McKay
Claire Fleming
Christina Cran
Lucille Whitehead
Lorna Frew
Kate Smith

1. Welcome

Nanette Milne MSP (NM) welcomed everyone to the meeting.

2. Minutes

The minutes of the previous meeting on 15th December, were approved by the group.

3. Presentation

Kate Smith (KS) of the University of Abertay presented on emotional and psychological support for people with diabetes. Emotional and psychological support is a neglected element of diabetes care. People with diabetes have a significantly higher risk of depression, anxiety, and eating disorders than the general population. There continue to be significant gaps in the provision of psychological support and care for people with diabetes. Around three-quarters of adults and children do not have access to psychological services, and have not received emotional support when needed.

Rupert Pigot (RP) presented on the state of emotional and psychological support in Scotland and the services that Diabetes Scotland offers to help people living with diabetes.

Both presentations attached. KS's presentation centred on the local experience in Dundee, such as rurality and how social networks in the countryside differ. Including self-knowledge, activities, relationship management, self-determination and engagement. Underlining all this was the need to recognise that the issue is more than medical.

4. Discussion

Tom McKay (TMcK) explained that he and his wife had come from Argyll and Bute where he is the treasurer of a local group. The first time in 3 years their GP had agreed to meet the group to talk about these issues but pulled out at the last minute. Diabetes UK materials are great but he is concerned that it is just that and does not have a great effect on patient care.

Dave Duff (DD) commented that people with Type 2 were more prone to not seeing diabetes specialists and that (*sarcasm*) it is lucky that this is only the mild version of diabetes. He added that GPs create as many problems as they solve.

KS agreed that there were issues in primary care mainly as a result of the resources not being available. There is however a group of people saying that they have a small knockback and it is not the case.

Isobel Miller (IM) talked about the situation of NHS Lothians, they had people trained but that nobody used it, called the "Buddy Service". Newly diagnosed with Type 2 diabetes should receive a book on this, we do have the resources but people are not taking it up.

Mary Cawley (MC) said that there is no health without mental health. Transitioning is a problem. Hospital admissions for Diabetic ketoacidosis (DKA) or attempted suicide are the only ways to get referrals.

KS claimed that 16 – 25 year olds are very hard to reach. In Dundee there is a funded councillor for 16 – 25 year olds, but they do not come.

Iain Sloan (IS) commended the presentations and the research and asked how the problem could be addressed, is this an NHS responsibility?

KS replied that it is a more complicated answer than that. We must talk about diabetes in emotional rather than medical terms.

Colette Foord (CF) asked how to get a 17 year old to engage with NHS services? Her son, Gavin has had Type 1 diabetes for 10 year and has had enough.

KS answered that an event can have a dramatic effect.

Kirsty McLennan (KMcL) thanked KS and talked about her experiences in Aberdeen. Patients are usually screened for mental health issues and encouraged to engage with medical colleagues as well. This struggle means that when have trouble managing their condition it becomes a psychological issue. It is about having a holistic model of care not just psychological or medial. For instance in Aberdeen if people have a DKA admission twice it flags it to the team.

NM asked if this happens over the country?

MC replied that this is not the case, for instance there are problems in Glasgow but it can work, there have been great examples. It needs to be throughout Scotland and is there a possibility of a Diabetes Scotland campaign?

TMcK mentioned that their local group had twice had psychologists attending group meetings in Argyle but the psychological element has been disappointing.

Steve Birnie (SB), National Paediatric & Adolescent Diabetes Co-ordinator said that his group was looking at transitions, particularly looking at starting it earlier. Coupled with this is the need to build resilience. Problems do not stop at 18 but more like 22 – 23 and they are much more likely to disengage.

DD pointed out that though the service is good in Aberdeen this is not the case in Moray, the same health board area.

NM mentioned that this would be an interesting issue for the Health and Sport Committee legacy paper.

David Stewart (DS) talked about the disparity in provision of insulin pumps and that the Scottish Government needs to look at how to deal with this. Scottish Government Ministers should be invited to the Cross Party Group in the next session of the parliament.

NM remarked how the postcode lottery had not moved over the 13 years that she had been a member and pointed out that though the pumps issue was successful it took a lot of pressure.

Barbara McKay (BMcK) added that getting people to come is different in how to engage people. The Argyll group is only a small proportion of the total people in the area living with diabetes.

KS talked about the way people see themselves, “I am a diabetic but I’m good at it.” Is a positive story – some people can see that they are failing and don’t want to take part. Extreme levels of self-denial to not accept their diabetes.

IS said that the top down approach such as letters does work but there are also ways to take the bottom up approach such as MCN meetings.

NM added that parliamentary questions were also a tool to use.

KMcL explained that insulin pumps were pushed to get HbA1c levels under control, psychological issues should be seen in the same frame.

Scott Graham added that insulin pumps were a good driver but the real issue is bringing a more holistic approach. He asked KMcL how successful the services offered in Aberdeen and what kind of uptake they had?

KMcL replied that she could not provide numbers but that it is a routine part of the care process.

IM asked about the figures for self-referrals?

KMcL said that there were about 5 self-referrals per week which facilitated a discussion.

CF asked what age group this was for?

KMcL replied that this service was for 21 and over but there is a person who caters for the 0-21 age.

Christina Cran (CC) raised the issue of perception, there is a real difficulty in referring yourself and trying to get help.

KMcL reiterated that psychological care is embedded in the core pathway but that there is a whole population that is not engaged.

NM asked about the possibility of rolling out the Aberdeen example nationwide?

IM said that all that had been discussed was predominantly about secondary care whereas most meetings are in primary care.

KMcL countered that anyone can self-refer in Aberdeen, there does not have to be a co-ordinated approach.

DS highlighted NM contribution and thanked her for time over the years as she is standing down from the Scottish Parliament at the end of the session.

RP the group will be reconvened after the election.

NM thanked the speakers and the attendees and closed the meeting.