Scottish Parliament Cross Party Group on Diabetes AGM

Minute of meeting: Tuesday 22ND September 2016

Committee Room 5

Present:

David Stewart MSP
Emma Harper MSP
Brian Whittle MSP
Rhoda Grant MSP
Anas Sarwar MSP
Jeff Foot
Angela Magny
Ian Sloan
Mary Moody
John Dodds
Darren Jordan
Emma Niemien
Mirjam Eiswirth
Andy Moulson
Sam Carmn
Ailieen Hillis
Paula Collins
Dr Brian Kennon
Steve Birnie
Vicki Kitson
Derek Beatty
Andrew Job
Marylin Bolland
Dr Vicky Alexander
May Millward
Alia Gilani
Isobel Millar
Professor David Coates
David Eadie
Sue Hampson
Rupert Pigot
Gavin Thomson
Kirsteen Murray
Sir Micky Hirst
Shona Murray
Mhairi MacDonald
Colette Foorde
Marika Nicoll
Lee Mair

1. Welcome

David Stewart MSP (DS) welcomed everyone to the meeting.

2. Minutes

The minutes of the previous meeting on 10th February, were approved by the group.

3. Elections

Rhoda Grant nominated David Stewart as co-convener, approved via a vote. David Stewart nominated Emma Harper as co-convener, approved via a vote.

4. Discussion

Rupert Pigot (RP) introduced the discussion opening up to the group for areas to examine over the coming year and the parliamentary session. Included in this was a call to look at how to making the meetings have more impact beyond the discussions at the meetings and give the group more ownership and purpose.

Mhairi MacDonald (MMac) started the discussion with a call for examination of funding, specifically for Continuous Glucose Monitoring (CGM) especially for children. How do we make clear that the funding made available now will save money later on?

Mary Moody (MMo) supported this.

Isobel Millar (IM) continued the line of support for children and asked for an examination of psychological support. Last year the group looked into this and the few examples of good practice in Scotland, notably Aberdeen where there is strong emphasis on structured education and excellent psychological support. IM was concerned that after the discussion that we did not move anything forward and pointed out the group needed to.

Aileen Hillis (AH) also concurred that the group should examine CGM.

RP highlighted the SNP manifesto and the commitment to double the amount of people on pumps over the parliamentary session. The group will also invite the Cabinet Secretary for Health and Sport to a future meeting.

DS mentioned the post code lottery for insulin pumps as it used to be before the Scottish Government commitment to increase it to 25% for under 18 year olds. However health boards did not deliver the required improvement it is up to MSPs to ensure that delivery and the Cross Party Group (CGP) has a role to play in brining that to MSPs attention.

Brian Kennon (BK) Greater Glasgow and Clyde (GG&C) started from a lower base in terms of insulin pump uptake. Health boards have other needs for resource. We need to learn how to strategically move the case of diabetes forward, this could include learning from other conditions.

Mirjam Eiswirth (ME) urged the group to look at CGM and pointed out from personal experience that it is not as expensive as it appears.

David Coates (DC) acknowledged that these are all important matters. He believed that the group needs to better understand the impact of health and social care integration. What are the implications for people with Type 1 and Type 2 in primary and secondary care?

Ian Sloan (IS) talked of health and social care funding in Fife, where he is a councillor. There is a projected overspend of up 70% for which the funding will have to found.

Jeff Foot (JF) asked to widen the examination on CGM to include structured education, insulin pumps, closed loop systems, flash monitoring and how they all fit together.

ME told the group how she is on a CGM system and could explain what is involved in the training that is needed to go through.

Vicky Alexander (VA) pointed out that there is not a standardised approach to starting CGM across Scotland. Clinical teams in each Health Board area will be approaching CGM differently and on individual basis with respect to training person with diabetes to use CGM.

ME asked if the group could also look into this.

Steve Birnie (SB) is the Scottish Diabetes Group Childhood & Adolescent Diabetes Sub Group co-ordinator and said that the group was looking into this and would be happy to share with the CPG the results.

Collette Foord (CF) came back to the issue of psychology and that the talk at the last session concentrated on children. She has a son who is in need of this type of help.

MMac explained that the transition in Raigmore hospital is done very early.

BK talked how transition is vitally important to be done appropriately. The sub group is setting out 10 standards to share as best practice and having secured agreement from all the paediatric consultants they are currently being rolled out over Scotland.

SB highlighted that transition is not just a short period between services and that it also has to be driven by the needs of the patient.

Kirsteen Murray (KM) asked how to get the important cut through on this debate? There are two things to be aware of; the first, technology and the interface, the second that cuts or a maintaining of the current budget with no increases for inflation. Scotland is in line for similar problems that hit NHS England two years ago. Technology will be affected and health and social care will affect education, ophthalmology and podiatry. The group needs to find ways to help MSPs cut through this.

Brian Whittle (BW) talked on the need to change the culture of Scotland and find out how.
BK was interested in how to start to tackle this as a society – its diet, societal and how do we extend the scope to cover the area. Diabetes is a co-morbidity. Sometimes the sector can be too diabetes focused.

BW expanded that the issue here is cross portfolio, covering taking part in sport and lifestyle attitudes and taking it to the idea where we can prevent these conditions. Education is a way to stop diabetes, having a active, healthy lifestyle.

There was interjections from the group about conflating Type 1 and Type 2 diabetes.

Ali Gilani (AG) asked a question on South Asian health and why are we not focusing on stopping the development of Type 2? How do you measure prevention of Type 2 diabetes? She has been part of a study that conducted pre and post study questionnaires in a secondary school. Her interest is in ethnic and minority issues with a cultural aspect.

DS replied that this should be the subject of one of the meetings. There is frustration if you are a parliamentarian for instance when he was shadow transport spokesperson, active travel was raised at the Transport Committee. It was proposed that 1% of the trunk road budget was transferred to active travel. The Transport Minister was asked if this was something that was raised with the Public Health Minister, the corporate planning element. Unfortunately it was not and bringing these things together might be a role for the CPG.

AG Also pointed out that there is not a one policy fits all problem here.

IM agreed and accompanied it with the need to get through on the “spend to save” idea, it is a classical idea of an increase in practice but has struggled to work in a wider context.

EH used to be a nurse educator and has taken on board what has been discussed. Some nurses do not know about ketones or how to treat a hypo let alone CGM. It will take time to get to that level of training. In respects to the multi-morbidity and spend to save arguments, this is something we should examine.

IM replied that the problem was also discussed last year, nurse education was an issue but there is also the wider problem of not enough structured education, this is the way to tackle the £800 million that goes on NHS Scotland every year on avoidable complications through diabetes.

BW agreed and pointed out that preventable diseases must have a strategy that outlives the parliamentary session such 20 years.

KM pointed out that uptake in structured education had been flat, there are barriers outside the medical context, for instance, under the new benefits system people can be docked if they are at a clinic and not making it to the office to arrange their benefits. There needs to be much more work on the people who don’t take up the opportunities.

Sue Hampson (SH) raised the psychological impact of first diagnosis and that we cannot be reticent about the impact and that we cannot compartmentalise this.

EH asked about baseline statistics across health boards and what kind of reporting that health boards carry out. There needs to be a working across different areas such as education, how to make children engage better.

BW agreed with JF that it is inside this group and outside, such as uptake of healthy meals in schools, talking to diabetes consultants. For instance if you give people the choice of taking medication or adjusting the lifestyle, most people will take the tablets.

JF asked if we could set targets for the group?

BW responded that he had just come from a group where they had set targets. He also committed to raise Type 2 diabetes in every debate to do with health.

BK coming back to the earlier point on reporting stated that Managed Clinical Networks (MCNs) report on 12 measurements every quarter. He asked for joined up thinking and not a “them vs us” mentality. In his view the biggest problem is deprivation, linked to this is smoking. Getting people to stop smoking would have the biggest effect.

EH highlighted that there is a new Cross Party Group on Lung Health, Chest Heart and Stroke Scotland and Asthma UK are contributing to establishing this new group to look at all aspects to do with lung health.

MM commented that there is a difficulty in getting the lifestyle change, a lot of the solutions offered need to be done locally. Local groups can offer education, peer support and exercise. Three years down the line the project has been so successful that funders are coming to us, if we can do that in West Lothian then it can go further. He have helped 80 people that has not cost a penny of government money.

BW urged taking this good practice to government and show the potential and what needs to be done to roll this out nationally.

IM recognised that we need a MMi in each area to get it off the ground.

CF agreed with everyone but that this was a focus on Type 2 diabetes and that the group must think of the children and adults with Type 1 diabetes. Her son is very ill and needs psychological support. There are other people like him out there.

Paula Collings voiced support for CF and pointed out that sometimes it does not suit people’s lifestyle and we need an individual approach that understand this.

BW agreed and said that MSPs need to be educated. Statistics are talked about but they are not individual needs.

AG added that psychological support is important for people with Type 2 diabetes as well, there are people as old as 23 who are affected by complications from diabetes.

Derek Beattie (DB) urged the group to look to practice in other countries, there are different ideas around the world that could work in Scotland. With the rise in complications from the population living longer there need to be an examination on fresh angles. Diabetes can be picked up in a dentist's chair, so it is important for children to have a six month dental check and for dentist to be aware of the symptoms. There are issue of saliva duct, potassium, sodium and magnesium implications. Getting facts and figures for this and taking it to the government could make a difference.

ME CGM has made a great difference and has had immediate effects. In twenty years there might possible effects of diabetes such as losing a leg but with the technology the effects are immediate and the changes are now.

BK asked what has changed and how the CPG can influence health boards?

EH replied that some health board's performance is exceptional, the CPG should be looking at best practice examples. CGM is about implementation, a CPG can take information to officials in government and MCNs.

BK asked how to get the diabetes community heard?

BW answered that there is a real will by health boards to be heard but how do you find a voice over the others? It is going to mean that the group will have to gather evidence and best practice.

EH offered to write to Shona Robison, Cabinet Secretary for Health and Sport and ask where diabetes is on the agenda for health boards and where the direction is coming from.

Michael Hirst (MH) submitted that we know the problem and not to forget that this is a global problem but that governments throughout the world have signed up to targets, any discussion with ministers must be understood that they have signed up to these targets for 2025. The global framework of policy need long term investment.

Dates for the next meeting:

November 22nd 6pm (Parliamentary room is unavailable) December 6th 6pm
February 21st 6pm
May 23rd 6pm
September 19th 6pm

AOCB

MH highlighted the World Diabetes Day event taking place in the Scottish Parliament on 15th November. This comes from a United Nations campaign to highlight diabetes. The event will be sponsored by Roche and the Minister for Public Health will attend and members of the group are invited.