

Scottish Parliament Cross Party Group on Diabetes

Minute of meeting: Tuesday 21st February 2017

Committee Room 5

Present:

Emma Harper MSP
Brian Whittle MSP
David Stewart MSP
Henry Strouts
Jason McVey
Ros Meek
Martin Leckie
Leigh Mair
Nigel Foulkes
Andrea McGuigan
Isobel Miller
Alison Ballantyne
Laura Scruton
Shona Murray
May Millward
Billie Wealleans
Kenny Duncan
Graeme Carswell

Lorna Frew
Mhairi Macdonald
Ian Sloan
Duncan Scott
Shiela Minty
Paul Nelson
Sheila Reith
Derek Beatty
Alison Diamond
Peter Smyth
Victoria Hayes
Iain Macfadyen
Andrew Moulson
Karen Stoddart
Rupert Pigot
Gavin Thomson
Chloe Duffus
Duncan Stang

Apologies

Jeff Foot
John McKnight
Alistair Emslie-Smith
Alia Gilani
Michael Mahoney
David Coates

Olive Herlihy
Chris Kelly
Bill Paton
Brian Kennon
Sheena Macdonald

1. Welcome

David Stewart MSP welcomed everyone to the meeting.

2. Minutes

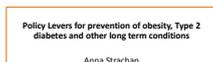
The minutes of the previous meeting on 6th December, were proposed by David Stewart and approved by the Ian Sloan (IS).

3. Presentations

Dr Anna Strachan (AS)



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Alison Diamond

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4. Discussion

DS had been on a school visit in Inverness. The children were showing an app that detailed the amount of sugar in drinks and sweets. The fact that children had to use an app to see the amount of sugar indicates that there is a problem with labelling.

AS responded that the app was developed by Public Health England, it is very good and kids have embraced it. Obesity Action Scotland has a brief on labelling (available [here](#)), there is concern with Brexit about what will happen.

Brian Whittle (BW) is interested in behavioural drivers and how we act in respect to food but also what are the drivers we need to develop a active lifestyle. There cannot be one without the other.

AS agreed that physical activity is vital. There is a 40% reduction in the possibility of developing Type 2 diabetes¹. However increasing levels of physical activity may not result in weight loss because people compensate for increasing activity by sometimes decreasing the amount of everyday activity they undertake.”²

BW asked about the timeframe of 60 years to take effect in comparison to the smoking change and asked how do we intervene with kids?

AS pointed out that early intervention should actually start before birth with mothers, for instance by the time the child is 5 they should love physical activity.

Lorna Frew (LF) asked how do we deal with the message about having a healthy diet? Is there anything been done to protect groups that can be discriminated against like people living with Type 1 and the proposed “sugar tax”?

AS responded that she was not familiar with any action being taken.

¹ DH (2011) Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officer.

² Professor Nanette Mutrie, Director of PAHRC and Dr Paul Kelly University of Edinburgh; evidence on obesity and physical activity for the Health and Sport Committee; given on 6th Dec 2016, [http://www.parliament.scot/S5_HealthandSportCommittee/Meeting%20Papers/Public_papers\(9\).pdf](http://www.parliament.scot/S5_HealthandSportCommittee/Meeting%20Papers/Public_papers(9).pdf)

May Millward (MM) - with the talk about tax what is being done about the problems of kids using sugary drink medicinally and how can this be mitigated?

AS responded that the Westminster government had taken a utilitarian approach, the most benefit for the widest population. However there are still questions remaining over the detail.

Emma Harper (EH) Agreed with all that has been said and asked about the daily mile and the evidence that this has been working.

BW answered that the daily mile started in Stirling where it has since been rolled out further. There is little evidence so far that it has impacted on obesity but there are wider benefits in mental health and increased concentration.

Ian Sloan (IS) asked about obesity and whether the best way to tackle it is through persuasion or taxation and levies?

AS responded that we all have a role to play and the more that we engage the more that we can influence.

DS asked about the analogies with the smoking ban and how to make it the new normal?

Rupert Pigot (RP) replied that though there were similarities, the main difference that we need food to live and smoking is not the case so it was easier to build that narrative around the importance of the health risks.

BW mentioned that his preference would be to not have overly sugary drinks.

LF asked about the possibility of exceptions for Type 1?

DS answered that this would be one of the unintended consequences of the proposals and that evidence needs to be brought together to highlight this.

Isobel Millar (IM) responded that sugary drinks are just one component and that you can substitute this for fruit juice which will be exempt under the proposals. We are not thinking about the whole but focusing on sugary drinks is too narrow. I have Type 1 and take in 2000 calories per day, which works for me.

Paul Nelson (PN) declared that he is a trustee with [Drink Aware](#) and wanted to highlight the issue for adults who have had two drinks as the resistance to eating falls dramatically. Also to be noted is that alcohol is one of the few drinks that does not have to table calories, if you have two drinks that can take in 1000 new calories.

LF added that insulin resistance can make people quite hungry.

AS responded that this can be one of the first steps to developing Type 2 diabetes, also for pregnant women, polycystic ovary syndrome is connected to the development of Type 2. Reducing weight is key.

DS apologised as he had to leave.

EH took over chairing the meeting and introduced Alison Diamond.

IS asked about the aims and objectives of the group (Scottish Diabetes Group prevention sub group), how are they proposing to engage with the hard to reach groups such as areas of social deprivation and BAME communities.

AD responded that they were looking to access groups already set up rather than trying to start anew. Examples of this were women-only Asian exercise sessions, adapted education programmes but there is still work to be done. For instance there has been a programme just set up with Hibernian Football Club called Game Changer targeting older men. They are also working with the Integrated Joint Board.

BW has concerns and asked about the fact that every intervention seems to make the “well weller” or the more “active activer”. For instance with smokers; in the top 10% socio economic band only 9% smoke whereas in the bottom 10%, 35% smoke. Obesity has changed from being a wealthy man’s disease to a poor mans disease.

Laura Scruton (LS) stated that she has been Type 2 for 23 years and was interested to understand about the offering of low carb options and the fact that it is not mentioned as a choice.

AD replied that dietician do not tell people what to eat. They look to more specialist diets with general dietician support. In regard to this, one specific regime is not encouraged over another.

LS was concerned that people do not know about the low carb diet.

AD acknowledged this and responded that in terms of knowing dietician s go with the evidence.

LS asked AD if she was familiar with Dr Unwin’s work?

AD said that dieticians do not advocate one diet above another in discussing carbohydrates, we discuss tools and advise but do not dictate.

LS asked if there will be reference made in the strategy?

AD responded that it is more with the attempts and what works and the compliance of the individual.

LS added that insulin resistance can be a problem if it’s a barrier to helping.

AD agreed that losing weight is well known about helping with diabetes. In terms of how we provide education diabetes specialists will be doing all they can.

Alison Ballantyne (AB) raised the work of the Lothians Diabetes Representative Group (LDRG) and a project looking at education and was wondering about whether structured education is measurable, they are looking where it is the best to make it more available.

AD mentioned that she spent a year as the education lead in Lothians and 100% agreed that it was best for the newly diagnosed. In the Lothians Patient Conference, where you are only going to be reaching an already engaged segment of the diabetes population. Reaching beyond this is what health care professionals are looking for.

AB was happy to offer assistance.

AD One aspect about [DESMOND](#) is the mental benefits. For instance it can take 6 – 7 tries to stop smoking, weight management is a similar issue, it invariably does not happen first time.

Billie Wealleans agreed with LS about the low carb diet. She had been following the "Fixing Dad" low carb diet and had lost half a stone in five weeks plus reducing medication in consultation with her GP and diabetes nurse.

AD also agreed and went further that it is about getting the right support. Dieticians do not want to "keep things secret". The problem is weight management and diabetes specialists can often find that there is not the staffing to deal with this. 65% of patients in weight management have disorders with eating habits.

IM declared that she was a member of the SIGN Guidelines ([SIGN 116](#) relates to diabetes). One of the things discussed was the issue of putting people on a diet is not included. In addition the low carb diet has had a very bad press. IM asked AD if she had discussions with leisure centres/departments and organisations such as Weight Watchers and whether you can get a prescription for Weight Watchers?

AD has concerns as Weight Watchers can be seen as an opportunity to sell 300 calorie lasagne, we are looking for something more sustainable. In addition the problem with the low carb diet is the evidence. Studies have shown that if you lose the weight quickly, you are more likely to put it back on.

In reference to the SIGN guidelines, where there might not be specific reference to dieting, these things are not meant to be taken in isolation, SIGN 116 references [SIGN 115](#) on obesity where dietary advice is given.

Shelia Minty (SM) asked about the funding for the programmes?

AD There is no funding currently, we know that there is very little money in the pot but we still want to try and get something together.

EH wants to go to the Minister for Public Health on these issues. It can cost £25,000 to be on dialysis for a year, we need to be able to get the statistics that show that prevention is cheaper. When she was working in the United States there were 15 bariatric surgeries a week in the centre.

LS pointed out that BMI is no longer a credible metric and the press is certainly making it more sensational.

AD agreed as it does not take into account body type but it is the best we have now. Lower BMI are where we should be targeting prevention. Dr Mike Lean will be presenting on this soon with his research.

Duncan Stang (DS) interjected that dieticians are thin on the ground. It is for us all to be giving the healthy advice. There will be a Scottish Diabetes Foot Conference in June where we hope to have the Saving Dad team.

EH asked about corn syrup and about using in a diet to satiate appetite?

AS responded that it is a carbohydrate and with sugar, it will make people want more.

AD added that one thing that dieticians recommend is the benefits of an unprocessed diet. If you keep a food diary and monitor hunger and do a self-assessment of food needs, it is the best approach.

BW mentioned that BMI is an indicator. He was talking to a diabetes consultant who said that newly diagnosed patients with Type 2 diabetes are given two paths: Take medication for the rest of your life or change your lifestyle. Most people opt for the medication. How do we change these behaviour drivers?

AD commented that people taking bariatric surgery need to have support for the lifestyle elements, it can appear to be a personal attack but can work.

PN countered BW that it may be a medical choice but it is a delivery choice. You are asking people to make a huge change in their lives and to project manage it. It's to oversimplify to ask someone who has struggled to project manage their own diet.

MM responded that diabetes is for life with support and made a plea to start harnessing the voluntary sector. Her group has done lots for prevention. At 54 localities and spoken to 3000 people from all societies such as know your risk events. They support people in changing their lifestyle through exercise sessions, looking at nutrition. This has all been done at no cost to NHS or Local Authority money. She ended with a plea where we can do more.

EH thanked the speakers and said this was a positive note to end the evening on.

The next meeting will be on 23rd May with details to follow.