



The Scottish Parliament
Pàrlamaid na h-Alba

Via e-mail

Health and Sport Committee
T3.60
The Scottish Parliament
Edinburgh
EH99 1SP
Tel: 0131 348 5210
Calls via RNID Typetalk: 18001 0131 348 5224
Email: healthandsport@parliament.scot

30 January 2018

Dear Cabinet Secretary

Preventative Agenda: Type 2 Diabetes

The Health and Sport Committee as part of their Preventative Agenda inquiry agreed to undertake a series of short focussed pieces of work looking at specific areas of public health activity with a view to assessing how far each activity is addressing the preventative agenda. The Committee have agreed to produce a report in the Autumn once all these pieces of work have concluded, with individual findings and suggestions being reported by letter to the Scottish Government as appropriate.

The first topic considered was type 2 Diabetes and having considered the evidence received the Committee agreed I should write to you setting out their thoughts. In particular they hope this early indication of their thinking will be taken into consideration in the development of the Government's forthcoming Diet and Obesity strategy.

The Committee noted the significant impact of this serious long-term condition on the people of Scotland and the costs to the NHS. Estimates suggest some 10% of the NHS budget is spent on treating the condition, around £1Billion per annum with costs anticipated to rise significantly in coming years unless action is taken. They were told about 80% of that expenditure is on addressing complications. There are over 250,000 people in Scotland diagnosed with the condition and at least another 50,000 thought to be as yet undiagnosed. In addition, estimates put the numbers at risk in excess of 600,000.

Yet type 2 Diabetes is largely preventable by means of exercising regularly, eating healthily and avoiding smoking. The Scottish Government recognised this in the 2014 Diabetes Improvement Plan which has prevention as a top priority along with early detection.

The Committee considered the 2014 Plan and in particular its prevention focus which appears to place an emphasis on preventing complications and early detection. This clinical focus appears to be to the exclusion of activity looking at primary prevention. The Committee would like to see this area developed with an increased focus on actions designed to prevent the condition developing and would welcome the views of the Scottish Government on how this can be achieved.

The Committee heard evidence of good practice in some areas of Scotland and suggestions others were giving this less of a priority. It appears Integration Boards have been slow to take forward plans to address this area, noting diabetes does not appear in the strategic plans of 24 authorities. The Committee wonder what plans the Scottish Government have to recommend this become a priority area for all of the Integrated Boards.

The Committee are aware that information is routinely collected by the national diabetes IT system, SCI-diabetes, which they were told contains comprehensive data on type, care processes and care outcomes and is published annually in the Scottish Diabetes Survey. Quarterly Improvement Reports are collated at health board level via the Managed Clinical Networks to report on progress made against the Diabetes Improvement Plan. No information was provided to us in this regard and it is unclear how this information is used by health boards. It would be useful if this information could be nationally reported at health board level, indeed at integrated board level and the Committee would like to see targets established in this area. Additionally they consider that publishing this information would allow increased accountability for performance. The Committee would welcome your thoughts in this regard, on whether and how the data could be used to drive improvement across the country. They would also welcome detail on appropriate outcome measures that could be introduced and how prevention spend in this area could be assessed and monitored.

The risk factors for Type 2 diabetes are well known, particularly the link to obesity and overweight. Those obese are seven times more likely to develop the condition while being overweight increases the risk three times. The Committee heard changes in diet coupled with exercise leading to weight loss can delay or prevent the onset of diabetes for significant numbers. Recent studies also suggest such lifestyle changes can lead to remission for those already diagnosed with some results showing a 90% remission rate. They were encouraged to learn the Diet and Obesity consultation could help deliver these improvements and would welcome your views on how the new strategy can have prevention as well as treatment at its core.

The Committee support increases in weight reduction programmes and would support funding being directed at this area with greater encouragement to GP practices to become involved. Can you indicate how this can be achieved under the new GP contract and how funding generally in this area can be prioritised.

All the evidence received identified an increased risk for those living in areas of deprivation. Here there may be a need to look beyond the usual sources of advice and intervention and to take pro-active action to reach people. The Committee would welcome your thoughts on how the new strategy and the existing Implementation Plan can introduce innovative and accessible approaches to reach into these communities.

Equally the Committee would be keen to hear about any proposals specifically targeted at identifying those with an increased risk and providing them with treatment to lower the risk. They heard about finger-stick blood testing in Dumfries and wonder whether that offers one approach which the Improvement Plan might wish to adopt.

Evidence suggests there is also a key role for governments to play in taking population level interventions. The Committee heard about a growing proliferation of fast food outlets, many situated in proximity to schools and would welcome any details of how planning or other regulations could help address this.

It is clear the food industry is creating many health problems for the NHS to clear up. Members would also welcome any plans such as addressing price promotions, salt and saturated fat content, labelling and marketing and display regulations in a similar vein to those shortly due in force on sugar content. Recognising that not all such powers lie solely with this Parliament they would welcome detail of engagement with the UK government on such matters.

I would be grateful if you could respond to this letter by the end of February.

Yours sincerely



Lewis Macdonald
Convener
Health and Sport Committee