

# Citizen Participation and Public Petitions Committee

3rd Meeting, 2022 (Session 6), Wednesday  
23 February 2022

PE1920: Introduce more thorough follow-up  
care for women with diabetes

## Note by the Clerk

<b>Petitioner</b>	Laura Hastings
<b>Petition summary</b>	Calling on the Scottish Parliament to urge the Scottish Government to provide more thorough follow-up care for women with diabetes.
<b>Webpage</b>	<a href="https://petitions.parliament.scot/petitions/PE1920">https://petitions.parliament.scot/petitions/PE1920</a>

## Introduction

1. This is a new petition that was lodged on 20 December 2021.
2. The petition seeks to close the gender healthcare gap for diabetic women in Scotland. The petitioner suggests that many women feel abandoned by their healthcare team, are more likely to suffer depressive disorders and are unaware of how diabetes affects certain aspects of their health. The petitioner is therefore calling on the Scottish Government to provide more thorough follow-up care for women with diabetes. A full summary of this petition and its aims can be found at **Annexe A**.
3. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B**.
4. While not a formal requirement, petitioners have the option to collect signatures on their petition. On this occasion, the petitioner elected not to collect signatures.
5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered. A response has been received from the Scottish Government and this is included at **Annexe C** of this paper.

## Action

The Committee is invited to consider what action it wishes to take on this petition.

**Clerk to the Committee**

Annexe A

# PE1920: Introduce more thorough follow-up care for women with diabetes

## Petitioner

Laura Hastings

## Date Lodged:

20/12/21

## Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to provide more thorough follow-up care for women with diabetes.

## Previous action

I have raised this issue with John Mason MSP and Gillian Mackay MSP to discuss further action. I have also been in contact with Maree Todd MSP, the Minister for Public Health, Women's Health and Sport.

## Background information

We're calling for the Scottish Parliament to assist in closing the gender healthcare gap for diabetic women in Scotland.

Many women with diabetes feel abandoned by their healthcare team in navigating their diabetes, and there is a lack of research and public education on how diabetes impacts women's health.

Diabetic women are 2.55 times more likely to be diagnosed with a major depressive disorder than non-diabetic women and are more likely to suffer from sexual dysfunction and cardiovascular disease, among other issues.

Women with diabetes often feel as if they have to "wing it" in navigating their diagnosis and have not been made aware of how diabetes can affect certain aspects of their health such as sexual health, menstrual health, and body image. Women's health issues need to be included in the 'essential checks' involved in post-diagnostic screening.

## Annexe B

The logo for SPICe, featuring the letters 'SPICe' in a white, sans-serif font on a dark purple background.The text 'The Information Centre' and 'An t-Ionad Fiosrachaidh' in white, sans-serif font on a dark purple background.

Briefing for the Citizen Participation and Public Petitions Committee on petition PE1920: [Calling on the Scottish Parliament to urge the Scottish Government to provide more thorough follow-up care for women with diabetes](#), lodged by Laura Hastings.

## Brief overview of issues raised by the petition

The petitioner is calling for the Scottish Government to take action to ensure women with diabetes in Scotland receive more thorough care. Specifically, they are asking for more education and research, and that issues faced by women with diabetes are included as part of the routine diabetes review.

## Diabetes in Scotland

- Diabetes is a metabolic disease characterised by elevated blood sugar levels. Over time it can lead to serious damage to the heart, blood vessels, eyes, kidneys, and nerves.
  - Type 1 diabetes is an autoimmune condition in which the body cannot produce insulin. People with Type 1 diabetes have to take insulin to keep their blood sugar levels within safe limits.
  - Approximately 9 in every 10 people with diagnosed diabetes have Type 2 diabetes. Type 2 diabetes can be managed through medication, exercise, and diet. Insulin won't be needed in most cases.

- The proportion of the Scottish population registered as having diabetes has increased steadily over time: from around 2% in 2001 to almost 6% in 2018 (source: [Scottish Diabetes Survey](#)). This increased prevalence is likely to be due to increases in risk factors (such as obesity prevalence), as well as other factors such as earlier diagnosis and better survival of people with diabetes.
- About 44% of those with diabetes in Scotland are female.

## Health risks for women with diabetes

Women with diabetes have elevated risks for certain health conditions.

- Major depressive disorder (MDD): Women with diabetes have over 2.5 times the risk of MDD diagnosis compared with non-diabetic women. (In men the risk is 1.9 times compared with that for non-diabetics). Source: [British Medical Journal](#).
- Coronary heart disease (CHD): Women with diabetes have a 50% higher risk of fatal CHD than men with diabetes. Source: [British Medical Journal](#).
- Heart failure: Women with diabetes have 2.2 times the risk compared with women without diabetes. (In men the risk for those with diabetes is less than twice that for non-diabetics). Source: [UK Biobank study](#).

Other health conditions affecting women with diabetes:

- [Sexual dysfunction](#): The link between diabetes and sexual dysfunction has not been as well studied in women as in men. For women there are stronger links to psychological explanations, rather than physiological ones, and particularly with coexisting depression.
- [Menstrual health](#): Poor diabetes management can delay puberty. Menstruation can affect blood sugar levels.
- [Body image](#): Diabetes has been linked with disordered eating and negative body image, particularly in young adults.

## Diabetes healthcare

On the NHS, people with diagnosed diabetes should receive regular reviews, including the following '[processes of care](#)':

- blood test (for blood sugar and cholesterol)
- weight (for BMI)

- blood pressure
- smoking status
- eye screening (by optician)
- urine test (for albumin and creatinine)
- foot check.

People taking insulin to manage their condition (all Type 1 and some Type 2 diabetics) will receive these checks during hospital clinic appointments.

People with Type 2 diabetes who do not take insulin will receive these checks at least annually at their GP practice.

On reviewing the results of these tests, a diabetes specialist will advise the patient if any changes to their medication or other self-management are required.

Diabetes UK argues that [emotional support](#) should also be an essential part of routine diabetes care.

## Scottish Government Action Diabetes Improvement Plan

The Scottish Government published the [Diabetes Improvement Plan: Commitments – 2021 to 2026](#) in February 2021. In the plan the Scottish Government committed to a programme of work to improve diabetes care and outcomes. The implementation of the plan is overseen by the [Scottish Diabetes Group](#).

Of particular relevance to this petition are the following priorities in the plan:

- **Priority 3: Person-centred care.** “People living with diabetes are enabled and empowered to safely and effectively self-manage their condition by accessing consistent, high quality education and by creating mutually agreed individualised care plans.”
- **Priority 4: Equity of access.** “To reduce the impact of deprivation, ethnicity and other factors which can disadvantage diabetes care and outcomes for people.”

Apart from issues relating to diabetes in pregnancy, the plan does not note that women with diabetes may have different health risks compared with men.

## Women's Health Plan

In August 2021 the Scottish Government published the [Women's Health Plan: A plan for 2021-2024](#). The implementation of the plan is overseen by the [Women's Health Group](#).

Women's diabetes is considered in this plan in relation to gestational diabetes (diabetes that develops during pregnancy) and heart health.

The plan acknowledges that diabetes is an important risk factor for cardiovascular disease (CVD) for women, and that women are less likely to have appropriate management of their diabetes than men.

Relevant agreed actions arising from the Women's Health Plan:

- Improved information and public awareness of heart disease symptoms and risks for women.
- Improved awareness and education among healthcare professionals of presentation and management of heart disease in women.

**Elizabeth Richardson**  
**Senior Researcher**

17 January 2022

The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at [spice@parliament.scot](mailto:spice@parliament.scot)

Every effort is made to ensure that the information contained in petition briefings is correct at the time of publication. Readers should be aware however that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

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**Annexe C****Scottish Government submission of 21  
January 2022****PE1920/A – Introduce more thorough follow-up  
care for women with diabetes****Women's Health Plan**

Women's Health is a key priority for this government which is why we published an ambitious Women's Health Plan in August 2021.

The Women's Health Plan underpins actions to improve women's health inequalities by raising awareness around women's health, improving access to health care for women across their life course and reducing inequalities in health outcomes for girls and women, both for sex-specific conditions and in women's general health.

The life course approach emphasises the importance of identifying opportunities to prevent disease and promote health at key stages of life from pre-pregnancy through pregnancy, childhood and adolescence, to adulthood and later life.

Promoting health and disease prevention can include ensuring women have information about the benefits of building and maintaining a healthy lifestyle including being physically active and maintaining a healthy weight.

It also recognises that the social determinants of health shape our health and wellbeing throughout life, and that if we can improve the conditions of daily life we can reduce health inequalities throughout a person's life.

The petitioner specifically mentions the risk of multi-morbidity for women living with diabetes. Research shows that women with symptoms of heart disease are under investigated and are less likely to have appropriate management of cardiovascular risk factors such as diabetes and high blood pressure.

Our Women's Health Plan contains a set of actions to improve outcomes and quality of life for women at risk of or living with heart disease. This

includes raising public awareness of heart disease symptoms and the risks for women, as well as, improve awareness and education amongst healthcare professionals in presentation and management of heart disease in women of all ages.

More information on the Women's Health Plan can be found here: [Women's health plan - gov.scot \(www.gov.scot\)](https://www.gov.scot/womens-health-plan)

### **Policy context**

Diabetes is a clinical priority for the Scottish Government and we are committed to improving the care and outcomes for everyone living with diabetes.

In February 2021, we published a refresh of the [Diabetes Improvement Plan](#). The Plan outlines our commitments for diabetes care in Scotland and sets out an ambitious programme of work to deliver the aims and priorities of providing safe, effective and person-centred care, treatment and support to everyone living with diabetes in Scotland.

The Plan outlines eight priority areas and a focused set of actions overseen by the Scottish Diabetes Group. The priority areas are:

- Prevention and Early Detection of Diabetes and its Complications
- Type 1 Diabetes
- Person-Centred Care
- Equality of Access
- Supporting and Developing Staff
- Inpatient Diabetes
- Improving Information
- Innovation

Through the delivery of our Plan, we are committed to designing and developing services that meet the needs of everyone living with diabetes, with a focus on those that are experiencing health inequalities.

To improve outcomes, we will increase support for people with diabetes to enable them to effectively self-manage their condition, provide access to ongoing mental wellbeing support and upskill healthcare professionals in all aspects of diabetes care.

We recognise the health challenges that women with diabetes face, specifically those issues raised by the petitioner. The following outlines what the Scottish Government is doing to address these issues.

### **Self-Management**

We recognise that self-management is an important part of diabetes management and we want to enable and empower people with diabetes to safely and effectively self-manage their condition.

There are a number of resources available to people living with diabetes, and for healthcare professionals supporting people manage their diabetes.

For example, DAFNE (Dose Adjustment For Normal Eating) and DESMOND (Diabetes Education and Self-Management), have specific training modules that provide the necessary skills to enable everyone living with diabetes to live their lives well and to enable people to self-manage their condition. DAFNE also provide training to healthcare professionals to further increase their knowledge in the management of diabetes.

Other resources can be found on My Diabetes My Way website which is an interactive diabetes website to help support people with diabetes and their families. Diabetes Scotland also have a wide range of materials on their website available to people with diabetes and provide advice and training for healthcare professionals.

A key commitment in our Diabetes Improvement Plan is to ensure that people living with diabetes have timely and appropriate access to a variety of high quality person-centred educational and support resources, including online learning, remote health pathways to enable and empower them to self-manage their condition.

We are working closely with people living with diabetes, care providers and third sector who will support the development of any new resources materials and review of existing resources as outlined above to ensure that they are fit for purpose and help identify any potential gaps. Any new resources developed will include wellbeing, emotional and mental health support and will be in a range of formats and languages to ensure equitable access for all who would benefit from them.

## **Mental Health**

Living with diabetes can impact on a person's mental health and wellbeing. Through the Diabetes Improvement Plan, we are committed to working with NHS Boards, clinicians and third sector to promote good practice and reduce variation in access to mental health support across the country, so that everyone has the opportunity to live well with diabetes.

Our national advisory group, the Scottish Diabetes Group, has established a Short Life Working Group of key stakeholders including clinical psychologists and Diabetes Scotland to progress this commitment.

The group are focussing on identifying a Patient Reported Outcomes Measure (PROM) for mental health and wellbeing for people living with diabetes that are experiencing depression, anxiety or diabetes distress that can be incorporated into routine clinical care.

Once this work is completed, the group will work with NHS Boards to ensure that they have a robust pathway from screening to support for those that need it. We will also ensure that healthcare professionals are supported to recognise and have conversations about mental health and wellbeing and can signpost people to the right services and support.

The importance of mental health, and specific mental health challenges faced by women, were raised throughout the development of our Women's Health Plan, in particular through the lived experience engagement with women themselves.

The Scottish Government recognises that across most aspects of mental health, outcomes for women and girls are poorer than for men and boys. The [Mental Health Transition and Recovery Plan](#) published in October 2020 in response to the Covid-19 pandemic commits to making women and girls' mental health a priority.

It sets out specific actions to address women and girls' mental health including engaging with women's organisations to better understand and respond to the gender-related mental health inequalities that have been exacerbated by the Covid-19 pandemic.

## **Diabetes Technologies**

Diabetes technologies is a rapidly evolving area and we aim to ensure that people, including women, who would benefit from these therapies have access at the earliest opportunity.

Through the Diabetes Improvement Plan we have committed to further increase access to existing and emerging diabetes technologies that can significantly benefit people with type 1 diabetes improve their quality of life.

Our national approach is to support the increase in provision of Insulin pumps and Continuous Glucose Monitors for all ages. We have provided additional funding to Boards to ensure timely and affordable access to such technologies.

## **Diabetes in Pregnancy**

We have also commitment to improving gestational outcomes for women with diabetes planning for and during their pregnancy.

We have made additional funding available to NHS Boards to ensure that all pregnant women with type 1 diabetes can access CGM to enable them to manage their condition during their pregnancy.

We are working closely with diabetes and pregnancy clinical systems to improve links by developing pregnancy specific improvement measures that will help identify inequalities in accessing care.

We are also working with key stakeholders to ensure that appropriately structured patient education is available for women with diabetes during their pregnancy and women with gestational diabetes have access to information and follow-up support to help prevent development of type 2 diabetes.

Our [Framework for Early Detection, Intervention and Prevention of Type 2 Diabetes](#), published in 2018, has been designed to provide delivery partners with guidance to implement a specific weight management based pathway for those 'at risk' of or diagnosed with type 2 diabetes.

Within the Framework, patients diagnosed with gestational diabetes or previous gestational diabetes are considered high risk of developing type 2 diabetes post-partum. As a result, those with a gestational

diabetes diagnosis should be offered dietary and lifestyle advice and treatment during pregnancy.

Six to 13 weeks following child birth, patients should be offered a blood sugar test to ensure they have not developed type 2 diabetes or pre-diabetes. Appropriate dietary and lifestyle advice including access to weight management programmes should be offered to minimise weight gain between subsequent pregnancies to avoid future gestational diabetes and potential development of type 2 diabetes.

## **Sexual Health**

The Scottish Government understands the importance of ensuring that the people of Scotland are provided with accurate health information, including those with specific conditions, such as diabetes, which could potentially impact on their sexual health.

The COVID-19 pandemic brought unprecedented challenges in many areas, and the impact on the provision of services, including sexual health care has been significant.

In support of the recovery of services as part of wider NHS remobilisation, on 4 August 2021, we published Reset and Rebuild: A Recovery Plan for Sexual Health and Blood Borne Virus Services to address the impacts of the COVID-19 pandemic on sexual health services.

The plan which was developed in co-production with our partners, takes stock of the impacts of COVID on sexual health services and people that use them. It provides an opportunity to reflect on the challenges and build on the positive reforms, while identifying recovery priorities.

The Recovery Plan will also inform the outcomes and approach in next multi-year Sexual Health and Blood Borne Virus Framework which is due to be published in 2022.

## **Conclusion**

We will continue to work with key partners and stakeholders including third sector to ensure that everyone living with diabetes in Scotland receives high quality, person-centred care and support to manage their condition.