



T: 0300 244 4000
E: scottish.ministers@gov.scot

Lewis Macdonald
Convener
Health and Sport Committee

By Email: healthandsport@parliament.scot

7th March 2018

PREVENTATIVE AGENDA: TYPE 2 DIABETES

Thank you for your letter of 30th January 2018, and the opportunity to respond to your queries.

Scottish Diabetes Improvement Plan (DIP) 2014

I agree with the Committee about the need for activity that focuses on primary prevention and I can assure you that we are doing just that. While actions in the Diabetes Improvement Plan (DIP) 2014 were relevant to a point in time, policy development across the Scottish Government is progressive. Aim one of the DIP is "To establish and implement approaches to support the prevention and early detection of Type 2 diabetes, the rapid diagnosis of Type 1 and the implementation of measures to promptly detect and prevent the complications of diabetes". Work underway in this area includes action on primary prevention. I have set this out in the following sections of my letter.

The DIP identified a set of 12 key measures that would focus improvement activity on further reducing associated risk of complications, better detection of deteriorating health and prompt medical intervention where co-morbidity is found.

The DIP focus on prevention has been multi-stranded with an emphasis on the prevention of diabetic ketoacidosis (DKA) in new onset Type 1 diabetes, prevention of complications in terms of focused efforts on improving glycaemic control (such as Know the Numbers), improving quality, access and uptake of structured education (including the development of STEP, funded by the Scottish Government), CPR for feet, and detecting problems with a focus on the nine processes of care.

Latterly there has been specific work around the prevention of Type 2 diabetes led by the prevention working group (Chaired by Alison Diamond – a Lead in Weight Management and Diabetes Patient Education) which helped inform the Obesity Strategy consultation and will lead on developing a Diabetes Prevention Framework.

The Diabetes Prevention Framework will include appropriate, evidence based, risk assessment tools to identify high risk populations, and support early diagnosis, treatment, education and lifestyle management.

The working group will report in late spring 2018 with the intention of piloting its recommended framework in 2018/19.

Integration Joint Boards (IJBs)

Our Health and Social Care Delivery Plan states “Our aim is a Scotland with high quality services, that have a focus on prevention, early intervention and supported self-management.” These aims are supported by the DIP and I expect IJBs to focus on prevention even if particular conditions are not named in their strategic plans. That said, my officials are working with partners to consider the interaction between local strategic plans, regional development plans, the Diabetes Improvement Plan and the Diet and Obesity Strategy with a view to ensuring that the obesity and Type 2 diabetes prevention aims of the strategy are realised. The aims of the Health and Social Care Delivery Plan are also at the forefront of the Public Health Reform.

Quarterly reports

I note your question about quarterly reporting data to be used to drive improvement. The quarterly reporting process is intended as a local quality improvement tool, allowing Managed Clinical Networks (MCNs) to monitor progress towards locally set annual improvement aims.

However, the annual Scottish Diabetes Survey includes data broken down by NHS Board and reports on each of the 12 measures included in the quarterly reporting process. In its first year, given the range of measures, it was recognised that individual Boards would need to target different areas for improvement that responded to particular issues in their local area and as such the process and activity needed to embed and mature.

With regard to outcome measures, no national targets were set in light of the work to review targets and indicators. However, the Scottish Diabetes Group (SDG) are considering, in line with models adopted for clinical audit, what standards could be developed at a national level to ensure focussed activity is maintained. Such standards could include setting the percentage of those with new onset Type 1 diabetes to have an HbA1c <58 at 12 months after diagnosis.

Prevention of Type 2 diabetes

Many factors influence the risk of developing Type 2 diabetes, such as age, weight, gender, genes, ethnicity, and women who had gestational diabetes during pregnancy.

As you set out in your letter, weight is one of the factors that people can change and this is particularly important as the risks of developing Type 2 diabetes are seven

times higher for people who are obese compared to those with a healthy weight, and three times higher for people who are overweight.

As you are aware the Diet and Obesity Strategy consultation set out proposal for development of Type 2 diabetes prevention. As announced to Parliament on 26 October 2017, this work will be supported by £42m of Scottish Government's funding. The consultation closed on 31 January 2018 and has received excellent level of response. The responses are currently being analysed independently and a report will be available shortly. However, based on the proposals set out in the consultation I can advise that the intention of joint work linked with the Diabetes Prevention Framework would primarily aim interventions to the high risk populations in addition to people recently diagnosed, with targeted lifestyle/weight management resource provided through £42M funding. This will involve multi sector collaboration between secondary care, communities, and as you rightly say in your letter, GP practices/clusters.

You mentioned the newly published preventative approach trial (DiRECT), which provides initial evidence that remission in Type 2 diabetes is possible with intensive weight management support using a low calorie diet-based weight programme. The results demonstrate that almost 9 in 10 participants who lost more than 15kg on programme put their condition into remission.

Findings suggest a weight loss programme could be successfully delivered through primary care and this is an area we are planning to incorporate into the framework as part of the early intervention stage in Type 2 diabetes.

We will measure the effect of interventions through the existing databases including SCI-Diabetes to track the rate of incidence of Type 2 diabetes, the number of people gaining greater control, the reduction in drug prescriptions and, in the longer term, the reduction and delay of complications such as cardiovascular disease, sight loss and amputation.

General Practitioners

Under the new GP contract some tasks currently carried out by GPs will be carried out by members of the multi-disciplinary team where it is safe, and improves patient care. We're investing £110 million in 2018/19 to support implementation of the new GP contract and wider primary care reform, including expansion of multi-disciplinary teams to free-up GPs' time to focus on those most in need of their skills.

This service redesign will allow for longer consultations with patients where they are needed – in particular for complex care of patients with multi-morbidity. The new GP contract will also support general practice nurses to focus on a refreshed role as expert nursing generalists providing acute and chronic disease management, supporting people to manage their own conditions where possible.

Health inequalities and deprivation

As higher levels of obesity are linked to deprivation, the Diet and Obesity Strategy will have a central aim of reducing the impact of health inequalities and, as a result, the increased risk of developing Type 2 diabetes for those living in areas of

deprivation. This is something we sought to explore at our various consultation events and will underpin the final strategy.

The Diabetes Prevention Framework will also aim to identify ways of engaging with people from and socially deprived background and other seldom heard groups.

In addition, work is ongoing to establish an Equality of Access group to advise the Scottish Diabetes Group. It is intended that this group bring together clinicians, equalities experts and people with lived experience to support the development within the Prevention Framework of innovative approaches and interventions for different population groups.

Population wide-interventions

The best available evidence suggests that population-wide interventions, such as our proposed measures to limit the marketing of food high in fat, sugar and salt, are likely to be more effective in addressing health inequalities than those which rely on individual choice.

We have recently commissioned Ironside Farra to undertake a research project to explore the relationship between the food environment and the planning system in accordance with commitments in our draft diet and obesity strategy and the current Programme for Government. One aspect of this work is considering the area around schools. We expect the research to complete this spring.

Diet and Obesity Strategy proposals

Our diet and obesity consultation set out a series of bold new proposals to improve the nation's diet and address the high levels of obesity in the population. This includes proposals to restrict the in-store promotion of high in fat, salt and sugar products, and strengthening current labelling arrangements to enable people to make more informed choices about the food they eat.

You are correct in pointing out that some of the legislative competence on labelling rests outside Scotland and in fact is currently subject to EU regulation which makes this an issue linked to leaving the EU. Notwithstanding our preference is for a UK-wide approach on this issue, just as was implemented with the UK-wide voluntary Front of Pack colour coded nutrition labelling scheme. I can confirm that my officials will continue to look for opportunities for joint working with UK Government and other devolved administrations where appropriate.

I hope this letter is helpful and I look forward to receiving your report in the Autumn, and considering the Committee's findings and suggestions on progressing preventative work across health and social care in Scotland.

*Best wishes,
Shona*

SHONA ROBISON