

Scottish Parliament Cross Party Group on Diabetes

Minute of meeting: Tuesday 24th February 2015

Committee Room TD 20-21

Present:

Isobel Millar
Jane Cook
Linda Bartle
Patricia Ford
Derek Beatty
Keith Walker
Alistair Brookes
Catriona Morrice
Paula Collings
Megan Lott
Connor McHarg
Emma Cartwright
Debi Harris
Jamie Rice
Jeff Foot
Bonnie Thomson
Lucille Whitehead
Mary Cawley
Jane-Claire Judson
Rupert Pigot
Robert Sutherland
Polly Middleton
Nanette Milne MSP
David Stewart MSP

1. Welcome

David Stewart (DS) welcomed everyone to the meeting.

2. Presentation

Polly Middleton (PM),

LifeScan is part of the Johnson and Johnson Group. It was originally Inverness Medical Ltd and was acquired in 2001. The site manufactures blood glucose devices and employs 1,100 people, making it the biggest employer in the Highlands and Islands. The product is shipped round the world, a sister site in Puerto Rico manufactures for the United States while the Inverness site supplies the rest of the world. It is a 24 hours a day, 7 days a week manufacturing operation.

The biggest challenge for all manufacturer of blood glucose measurers and people who use them is the new standard ISO 15197. The new standard came in last year and must be fully implemented by May 2016. Old meters will no longer be supported and it will see an improvement in accuracy, with a margin for error reduced from 20% to 15%. 9.6 million patients must change their meters. The challenge is that patients are reluctant to change and for the manufacturers to supply the needed demand. The problems are that the increase in accuracy has come about from a move from carbon based technologies to precious metals based hardware. This is also reflected in the wider elements faced by the sector, like future investment, for instance Bayer is looking to sell its diabetes arm.

The Centre for Highlands Diabetes Institute is a clinic, there are 120,000 data points, using blood from people with diabetes to ensure high quality. LifeScan works with the University of the Highlands and Islands (UHI) including taking on apprentices. Highlands and Islands Enterprise has been very supportive with £2 million match funded from what Johnson and Johnson have brought in. The challenges have been attracting the people to come to Inverness, once they are there the overwhelming majority appreciate the quality of life in the city and the surrounding area. Coupled with this the company has been keen to encourage other life science businesses to the area.

Education in the area and working with the Highland Council has been a priority of LifeScan. The Company works with multiple schools and has expanded its programme to work with 110 children, helping them to stay in Education and furthering their employability skills.

DS thanked PM and commented that it was good to know the detail of what has been happening in LifeScan and the wider sector. It is interesting to learn how the price of strips in the United States has halved due to legislation.

PM talked on the resulting impact on the market and that other countries are looking to mirror what happened in the US. For these countries (understandably) cost saving is the key, which has meant for a challenging situation for companies such as LifeScan. However there has been some positives to take away from this: There has been a large reduction in counterfeiting due to the reduction in price, which is positive for consumers.

Jeff Foot (JF) asked about pump and meter pairing. If the meter is out of date will they both have to be changed due to the new regulations?

PM there is only one line with LifeScan but after 2016 there will no longer be support for the meters, meaning that there will be no strips for the discontinued meters.

JF commented that this would be an even bigger challenge for the individuals.

Dani Cochrane (DC) Asked that though she does not use the OneTouch system, any replacement must use free strips and what can you offer to replace them?

PM pointed out that meters are offered on a system similar to mobile phones. The handset/meter is given away for free and the company make money on the monthly payments/strips. A meter that links with one of the pumps that Scottish Government has approved would be a step forward.

Isobel Miller (IM) Asked how do restrictions of supply strip, limited by GPs, affect LifeScan?

PM said she was unaware of the issues. To reduce long term costs for governments through the reduction of long term complications, it makes sense to let people test. Commercial arms of companies are working with governments but people are not aware of the change in ISO.

DS on the matter of awareness, said that he will raise this with the Cabinet Secretary.

Jane-Claire Judson (JCJ) commented that 15 months is not that long particularly for people with Type 2 diabetes who only take an annual check-up Health Boards may not be communicating this well enough.

Lucille Whitehead (LW) remarked that it is very last minute and that this is a risk for people living with diabetes. A change will not be organised overnight. Susanna Cameron-Neilson (SCN) Head of External Relations at Royal Pharmaceutical Society that she would raise this with her members, write about this in their internal magazine and discuss the issue with known journalists.

Derek Beattie (DB) talked about the St Albans volunteer group being a good avenue to take the issue out further and this might be looked at for Diabetes Scotland's groups.

JCJ said that Diabetes Scotland will make sure a briefing goes out through the charity.

DS inquired as to whether the science behind the change was sound?

PM explained that LifeScan had input into the regulations so both industry and healthcare professionals put it together. The problem is the timeline, it will be up to the regulators and the lawmakers to address this and change it if needs be.

May Millward (MM) Asked what should people tell their groups?

PM said that if there was any doubt then people should talk to their GP or ring the helpline of whoever is the supplier.

JCJ highlighted that Diabetes Scotland and Scottish Government will be carrying out a campaign, Chat, Click, Call later this year in pharmacies across Scotland and if information on the ISO change could be included it would provide good coverage.

JF pointed out that if this has happened before it will happen again.

PM added that in different parts of the world, they are already looking at the next ISO. LifeScan is working on the idea of where they could be going.

Alistair Brookes (AB) Stated that Abbott have developed a permanent monitor which does not use strips. He asked whether Johnson and Johnson were looking at something similar?

Catriona Morrice (CM) exclaimed that it is a brilliant bit of kit.

IM countered that what works for the person managing the condition is key. She uses cassettes and they still have their place and are very good for her purpose as they are versatile.

PM said that there are a lot of interesting new technologies and that the market will broaden this, for instance rising cases of diabetes in India and Russia look to cheaper technologies.

IM asked it may be possible now to reduce the margin of error considerably but how do you change people's behaviour for instance trying to get them to wash their hands?

PM answered that the challenge is to make technology fit with peoples actions.

DS moved the discussion on with the question over "one use" syringes.

AB pointed out that they are not available currently.

JCJ commented that she has been blown away by technology. However this is about how to get people to change their behaviour, as IM said it is about understanding the "why" there is the need to wash hands and what the technology involves. It needs people to make that extra step.

JF asked about the patient involvement/input into the design process.

DC commented that she attended the Johnson and Johnson clinic in Edinburgh.

JCJ asked about the procurement of strip meters and pumps.

DS stated that he would put some questions on pumps compatibility and which were more expensive and more widely used.

JF was given the choice of pump.

JCJ noted that that was not always the case.

DB said that this is about what the patient is used to, it is only in say a meeting where the issue is raised.

DS agreed, specifically the waste that goes on with medication is worrying. The discussion was then moved on to the Cross Party Group's future work programme.

AB asked for a session on Type 1

JCJ asked for a session on research.

IM asked for a session on funding for helping people get education who already have diabetes.

MM said that one member from her group raised that very point.

DS said that we should invite the Cabinet Secretary for Health and Wellbeing, Shona Robison to the group to talk about education.

AGM:

David Stewart and Nanette Milne were voted to continue as co-conveners of the group.