Scottish Parliament Cross Party Group on Diabetes

Minute of meeting: Tuesday 19th May 2015

Committee Room 4

Present:

Rupert Pigot
Sarah Ward
Jamie Rice
Graeme McArthur
Catriona Morrice
May Millward
Joanne Jervis
Emma Cartwright
Megan Lott
Dani Cochrane
Debi Harris
Prof David Coates
Lorna Grant
Tricia Ford
Ros Meek
Jane Cook
Diane Smith
Megan Alcroft
Lorna Grant
Jeff Foot
Alan McGinley
Isobel Millar
Steve Birnie
Nanette Milne MSP
David Stewart MSP
Dennis Robertson MSP

1. Welcome

Nanette Milne (NM) welcomed everyone to the meeting.

2. Minutes

The minutes of the previous meeting, 24th February were proposed by NM as a fair and accurate representation of the previous meeting, they were seconded by David Stewart (DSt)

3. Presentation

Alan McGinley (AMcG), Voluntary Health Scotland (VHS) published the report, **"Mind the Gap"** in March to explore the effects of health inequalities and their impacts. At the heart was ten case studies and the recommendations on how to tackle health inequalities. The VHS model comprised of sounding boards and round tables on health inequalities and public health. The findings illustrated that the inequalities gap is not just about age but also gender and sexuality. Living in the gap means you are more likely to experience preventable illness.

The report focuses on the downstream which is concerned with the effects as opposed to the upstream which focuses on the fundamental causes. The aim is to make policy makers examine and debate this.

The starkest figure occurs in Glasgow where over 5 train stops the average length of life is 13 years shorter for men in Bridgeton rather than Jordanhill. Until we can change these numbers there will be inequalities. The report was published after the Scottish Parliament Health and Sport Committee report in inequalities, however there is a lack of confidence in where to go to next. Circle, a charity supporting families has been identified as one of the positive examples in the report:

A mother with hepatitis C was unable to take treatment as she was concerned that she would lose her children during her lengthy recovery. She had put off her treatment for two years. Her support worker researched treatment types and identified alternative medication with a shorter convalescence time-span and the mother engaged with this treatment as a result. This is the approach where the sector excels at.

Harry Burns, former Chief Executive of NHS Scotland identified inequality as 'probably the most complex (problem) that we face (with) no simple solution'. Duncan McNeil, convener of the Health and Sport Committee took this further: 'Even when we had the money, did we spend it wisely? Despite significant investment, in-work poverty is rising, educational attainment is falling and the health gap between different parts of the country is widening'

Health charities are mitigating the effects of inequalities. Includem is a charity that helps 150 families over one year, they support the families by helping to keep children and young people out of the social and prison system. The third sector is a key component of public health.

How to close the gap, we need to invest in what works well, sometimes innovation gets in the way of this and the focus on innovation can be distracting. We need to invest in things that work. Key to this is partnership, community planning partnership. Diabetes Scotland is well positioned to be an actor in this capacity.

Rupert Pigot (RP) asked about the ideas of inequalities and Type 1 and Type 2 diabetes.

AMcG replied that there is a direct link to Type 2 diabetes and social deprivation, however Type 1 is much more difficult. There are factors of being able to access treatment because of rurality, ethnicity and engagement.

DSt mentioned that the Scottish Parliament elections will be taking place in May 2016 and though this group is not partisan he would welcome any submission on transport, particularly as his constituency in the Highlands has problems with accessing health services. These issues are not exclusive to Scotland as it came to light at the World Diabetes Conference in Melbourne, it is a universal problem.

Sarah Ward (SW) families talking about problems in schools and caring for children with Type 1 diabetes. This can cause a family to fall into poverty as one parent has to give up work to care for the child.

Diane Smith (DSm) Thanked AMcG and asked about integration and looking for advice and guidance.

AMcG referenced a project by Association of Chief Officers of Scottish Voluntary Organisations and East Ayrshire on a project on integration. For more information there was a presentation by Harry Burns on the molecular biology of a hug, this talks about the policy context of integration.

NM pointed out the health inequalities start out from the very young.

Jeff Foot (JF) highlighted that there has been much better recording for the increase and asked about rurality as he is from the Highlands and wanted to delve into the reasons or understanding beyond rurality, why was this such an issue and what can be done to tackle it?

AMcG mentioned that there is strong link between diabetes and metal health issues. There will be a new mental health strategy in 2015 that will hopefully address some of these issues.

Jane Cook (JC) said that it needed to go beyond bridging the gap, a lot can be done just though personal communication, a discussion on treatment or a chat. Telehealth could have a really strong impact.

AMcG telehealth can be good for a younger generation…..

Dennis Robertson (DR) stopped AMcG to point out that this was not actually the case, telehealth is actually better for the older adult population.

AMcG acknowledged DR’s point and welcomed the need to dispel myths. In Greater Glasgow and Clyde, Dr Linda DeCaestecker has been looking at the root causes of inequalities, her findings are concentrating on getting more for less such as telehealth.

Sarah Ward (SW) asked about the case studies and commented that the third sector has to see people as people and understand what the solution can be, this is focused on partnership working.

NM highlighted the programme to have specialist nurses in the “deep end” practices in areas of poor health outcomes.

AMcG concurred, at its best it should be about raising standards for the long term and should not be a race to the bottom.

Isobel Millar (IM) added that it must be person centred.

Steve Birnie (SB) gave the example of a three way partnership of Scottish Government, NHS Scotland and Diabetes Scotland, when partnered together there is very powerful work created. The current project about transition is helping engagement with the 20 - 30 year old age group.

Debbi Harris (DH) Innovation is not always about looking for something new. She talked to Dr Ken Robertson (paediatric lead in GG&C) about Yorkhill and the working trip to see Diabetter in Holland. This has helped inform a 1 - 25 service. One size does not always fit all but this seems to be giving scope for a better service.

JC asked what should transitional care look like with stakeholder groups? There have been barriers in Scotland, for instance she went on the trip with Ken Robertson and on her return she has been told that the service would not work her for Scotland.

Emma Cartwright (EC) has been looking at people who have dropped out of the system. The study found that people are still engaged with part of the system. For the other half it is not about getting there but what is offered when they get there. NHS Tayside will be moving to a 0 – 25 service in a large community centre over the next couple of years.

May Millward (MM) is very happy to see the support from volunteer groups and this feeds into her view that these groups can aid the health service in a very important way. It provides the personal context, “you get to know the people”. Volunteer groups are not funded but made up of volunteers, they are very good at dealing with the mental health aspects of care.

IM reiterated that volunteer groups are vital to help in self-management.

NM added that with more and more pressure, particularly on acute services in the NHS, volunteer groups will make a very big difference.

AMcG asked if there is a mechanism to disseminate and share best practice?

MM answered that the Diabetes Scotland Volunteer Conference was very good.

AMcG continued for MM that for diabetes, Diabetes Scotland is the charity but in the wider context The Alliance is very good at disseminating best practice.

SW mentioned that ALISS (A Local Information System for Scotland) as a good programme> it allows people to share and help make a difference.

Megan Alcroft (MA) Telehealth in Ayrshire and Arran is about person centred care. 20 – 30 minutes conversation can really make a difference. They can take place in Libraries if there is no ability to do it at home. There are usually 3 meetings and,

hopefully after they have re-engaged it can move on to face to face meetings. It's also a great avenue for "embarrassing" questions.

JF also said that you don't know what you don't know and because of this we need to get people to ask.

Dani Cochrane (DS) Making Connections a project for Diabetes Scotland is making a difference for self-management. Any point of engagement we get and use it to see what the next step is you need to take to get better self-management.

JF asked DC how much use are you making of people living with diabetes to act as buddies?

DS answered that she absolutely agreed and that the project is connecting with families for whom the traditional medical model does not work. We have a core group we use to help us deliver to twenty two thousand people, recently there was a conference with 100 key people telling us what we had been doing wrong in Ayrshire and Arran.

SB reflected that we are getting better but we are not quite there yet.

JC remembered that at the conference there were a lot of people who did not take their medication appropriately.

NM asked if there was a larger role there for community pharmacists?

SB stated that education is not a one off thing. Some are undoubtedly good at the start but keeping it sustained is important as treatment is continually changing.

DS highlighted that there is no Daphne or DESMOND in Ayrshire and Arran but it has its own education that works and helps deliver self-management.

JF pointed out that people can connect on social media such as Twitter and that these instant forums can be better than structured education. It is about education and talking to people.

SB agreed and added that social media is underused by the NHS.

DS concurred that the NHS is "terrified" of Facebook and Twitter, we need to get over this.

IM despaired how NHS Lothian will not even correspond via email stating that they are unnecessarily twitchy about sending information electronically.

Lorna Grant (LG) explained that there is a lot of telehealth in the Highlands due to the size but also helping people so that they do not have to leave their house for care.

SB in light of all this claimed that there needs to be an understanding in NHS Scotland on what technology can do. Scottish Diabetes Group is trying to create a portal that will help for education.
SW put forward the Diabetes UK Shared Practice and Innovation team had been to Ayrshire and Arran to learn and also help develop the service.

NM Thanked AMcG and closed the meeting.