Scottish Parliament Cross Party Group on Diabetes

Minute of meeting: Tuesday 15 March 2019

Inverness Town House

Present:

Gwen Harrison
Isabel MacLeod
Jenny Fairbairn
Mhairi MacDonald
Eva Craig
Andy Fairbairn
Ian Maciver
Jamie Thomason
Heather Baxter
Gemma Findlay
Charlotte Heppenstall
Claire Henderson-Hughes
Audrey Armstrong
Wendy Maltinsky
Joy Iheobi
Dave Curry
Rachael Ashley
Michelle Vivers
Debra Ryles

David Stewart MSP
Sarah McLean
Billie Weallans
Linda McGlynn
Rupert Pigot
Keith Walker
Jinty Moffat
Adam Giangreco
David Slessor
Kerry Douglas
Ian Rudd
Sandra McRury
Victoria Rettie
David Duff

1. Welcome

David Stewart MSP (DS) opened the meeting and welcomed the group and speakers.

Apologies: Mandy Christie; Vicky Alexander; Alison Diamond; Claire Smart; May Millward, Pauline Wilson; Alison Irvine; Olive Herlihy; Shelia Minty; Alia Gilani; Brian Kennon

2. Minutes of last meeting:

Linda McGlynn (LMc) proposed the minutes from 11 December for approval. Mhairi MacDonald (MM) approved.

3. Presentation:

DS introduced Prof Sandra MacRury (SM), Head of School of Health, Social Care and Life Sciences, University of the Highlands and Islands, Highland Diabetes Institute and Victoria Rettie (VR) is a Diabetes Specialist Nurse and a person with Type 1 diabetes, based in Inverness.

SM talked about the multidisciplinary approach taken to innovation in the north of Scotland. The land mass is the same size as Belgium. It is a very rural service and secondary care can be challenging to access. The demography means that 45 per cent are over 55 years old in rural areas and this has implication for the rates of Type 2 diabetes. The service has adapted and developed a video conference clinic. The prevalence of diabetes is 5 per cent with the majority of these being cases of Type 2 diabetes.

As it is a remote and rural area, projects focus on tackling the problems arising such as new service pathways, taking clinics into the community, an omni hub to improve video conferencing connectivity and RAPID – Reducing Amputations in Diabetes.

SM listed some of the innovations taking place in the north of Scotland:

- Hi STEP – working with University of Highlands and Islands (UHI) looking at better pressure management to detect problems earlier.
- Diabetes Foot Education Network- to video conference to deliver education of remote areas.
- Inpatient management – using audits to identify issues with low blood sugars
- If you take steroids it upsets diabetes control and healthcare professionals do not always know how to deal with this. Training to address this.
- Lifestyle management – Highlife Highlands – toolkits for personalised assistance for people to become more active.

DS asked about the postcode lottery of the disparity in pump provision and the FreeStyle Libre. He asked about technology and how to improve provision?

SM replied that FreeSytyle Libre will be going on the formulary, proscribed in primary care. People will have to take structured education course, HEIDI. This will take place after 1st April. Finger and blood testing will complement the new technology.

Ian Rudd (NHS Highland) added that the health board will be providing Flash GM and that to achieve this they have not had to take resource away from another service.

Janie Thomason (JT) commented that Moray has the worst HbA1c for children in Scotland and made clear that is is part of NHS Grampian Service must come from the centre, there are challenges to providing services in Moray. Its 70 miles to go to Aberdeen.

SM added that Inverness has some of the best HbA1c in NHS Highlands, we must be able to work together.

DS highlighted that regionalisation works across borders, like this case.

VR presented on her experiences as a Diabetes Specialist Nurse (DSN) in NHS Highlands. It is a large geographical area, a north coast of 500 miles, lots of it is rural and 3 per cent high than the rest of Scotland of people being self-employed. There are 1,726 people with Type 1 diabetes and the numbers are increasing. 151 adults are on insulin pumps and 27 are on Continuous Glucose Monitoring (CGM). NHS Highland is the only health board that has online structured education course (HEIDI). Type 1 care is about management techniques and carb counting.

How can we (healthcare professionals) provide for our patients education as information through a process of structured and blended learning. DAFNE is looking to launch a version of this but NHS Highland got there first. It took three years to build the course. There were five cohorts of patients accessing the course that was tailored to fit into their lives. A good percentage of these were already on insulin pumps. I cohort did not work out, 2 were mixed but there was good results from the other 2.

As was mentioned by SM, video conferencing is a good solution for the issues of rurality. It has been taken up by local hospitals to prevent people having to travel to a centralised service. This service has progressed into the home, however there have been issues of consistency, for instance it has not worked in Thurso but the service in Skye was excellent.

Diasend – downloading to an online diary has been trialled with 80 patients using it so that they can see their information in graphs and charts, this is also available for HCPs to access. This is about highlighting patient engagement and improved self-management.

Looking at apps, it is a reality that we have today that most people's life is on their phone and the challenge has now been how do integrate diabetes care on to this platform. An example of this is in the case of gestational diabetes, previously we used to have to get the patient to Raigmore Hospital but now they can use an app to email their results and initiate service with primary care, they are better supported.

SM raised the platform SCI-Diabetes that feeds into My Diabetes My Way (MDMW), they are always looking at how to take data into the platform. Gestational diabetes (short term) has provided challenges, we cannot absorb everything into the system.

VR commented that the area has a wide patient group with different levels of technological aptitude. We have to find ways round this but also be mindful that new technology can lead to increased anxiety.

SM add that the key is personalised care – people getting the best care to meet their needs.

David Duff (DD) raised his concerns about Diasend and having to manually input his reading.

Joy Iheobi (JI) welcomed the focus on innovation in the North of Scotland and asked about how do we pass the information on about these services and technologies so

that people can take advantage of them. MDMY is a great example of this, as it helps with self-management.

SM agreed as when healthcare professionals are registering someone with the service but we do not know how people are using it. All we can do at the moment is offer them the service but we cannot force them to use it.

Eva Craig (EC) agreed it was good to see the innovation going on and what is happening in the Highlands but expressed concern about the lack of representation from the paediatric team. In addition in Highland she is concerned that children are not being offered to use insulin pumps or CGM to fulfil their potential. Children are controlled throughout the school day and are not allowed to have individualised care. NHS Highland have a very tight reign on what is dictated,

SM could not answer on behalf of the paediatric team but would take back the massage to them.

Jeff Foot (JF) agreed that technology is great but things are not that quantifiable, for instance how measure support for mental health?

SMR replied that the Pid Pad project filled this, however there is no longer any funding. Now it is about capacity and resources. The Rural Health and Wellbeing research group has a project using virtual reality, it is about helping people to adapt. There is an issue with the consistency of clinical psychology and this is linked with rural mental health.

Audrey Armstrong (AA) is a Diabetes Specialist Nurse in NHS Grampian and encourages all patients to up MDMW.

EC said that in NHS Highland there are 27 adults funded for CGM but only 4 children and that is only set to increase at one per year.

VR admitted that there is a bigger potential cohort and we must be able to ask the Health Board for more potential funding. It works out as a cost saving in the long run.

Wendy Maltinsky (WM) is a health psychologist and trialling a national programme “Motivation Action Prompt” (MAP) training for healthcare professionals working in primary care. There is not enough health psychologists, we need to get the Aberdeen City example out as a case of best practice.

DS said that speaking as an advocate of better technology, just looking at your phone there is 800 times the technology in a smart phone than the computers that took Apollo 11 to the moon. The 123 before you see your GP but they do not have your patient record. The technology is there but we do not have the systems in place. The Scottish Parliament Health and Sport committee is currently examining this.

Dave Curry asked about co-production, for instance Diabetes Scotland and local NHS boards on things that are good to eat. So far it has been going well and is helping with anxiety. It is not replacing professional care. Is there more co-production in Scotland?

SM co-production is really about many different things. You should not do technology without the users. It is about listening to people's views public patient involvement (PPI) Managed Clinical Networks have patient representatives on their groupings.

Ian Rudd agreed that co-production is vital for all people with diabetes. The health board's point of view is that it is integral for everybody and everything.

DC agreed there is support but acknowledged that growing engagement is difficult.

DS thanked SM and VR and closed the meeting.