

# Scottish Parliament Cross Party Group on Diabetes

Minute of meeting: Tuesday 17 September 2019

## Committee Room 5

### Present:

George Thom  
Alison Diamond  
Rupert Pigot  
Angela Mitchell  
Wendy Maltinsky  
Heather Baxter  
Michael Whitman  
Mark Davies  
Derek Beatty  
David Garrell  
Suzanne Connolly  
Aileen Bryson  
Lesley Robertson  
Arjun Panesar  
Andrew Job  
Carolyn Oxenham  
Anna Gryka-MacPhail  
Lorna Breeze

Michael Diamond  
Paula Collings  
Jeff Foot  
Emma Lockhart  
David Eadie  
Isobel Miller  
May Millward  
Lucille Whitehead  
Christina Rigby  
Agnes Mullen  
Raluca Simpson  
Susan Fletcher  
Laurie Eyles  
Emma Harper MSP  
David Stewart MSP  
Brian Whittle MSP  
Viven Swanson  
Kerry Douglas

### 1. Welcome

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

Apologies: Bob McQueen, Angela Currie, Jenny Fairbairn, Ian Sloan, Julie Watson, Brian Kennon, Elspeth Campbell, Vicky Alexander, Michael Mahoney, Nicola Zammitt, Aileen Hillis and Jane Gillion

### 2. Minutes of last meeting:

David Stewart MSP (DS) proposed the minutes from 19 June for approval. Christina Rigby (CR) approved.

### **3. AGM**

DS said that the meeting will take a few minutes to re-elect positions for the AGM.

DS was proposed as convener, seconded by Emma Harper MSP (EH), no objections

EH was proposed as co-convener, seconded by Brian Whittle MSP (BW), no objections

BW was proposed as co-convener and seconded by DS, no objections

Diabetes Scotland was proposed as secretariat, seconded by Jeff Foot

### **4. Presentation:**

DS introduced George Thom (GT), Research Associate on the Diabetes Remission Clinical Trial (DiRECT).

Highlights included: That nearly half the Type 2 diabetes population could put their diabetes into remission according to the DiRECT trial, after one year this number is 36 per cent. The figures were considerably better than expected. There is a clear link of the chance of remission with the more weight you lose.

For 1 in 16, after 2 years the “heart age” had fallen by 10 years in successful participants. People were reinvigorated by weight loss and their quality of life improved. The cost of the programme was £1000 which when compared to the average cost per year of looking after someone with Type 2, £2,800, was a substantial saving.

Brian Whittle (BW) asked as we always talk about nutrition and 860 calories, did you examine the proportion of carbs to fat to protein? How is this from a “normal” diet and how do you persuade people newly diagnosed with Type 2 diabetes not to just “take the pill”?

GT responded that the most important aspect is making people aware of reversing Type diabetes, most people in the trial did not know that this is possible. If you take a tablet you don't know the difference, we need to get through the seriousness of the condition. There is a knowledge gap. The study shows that if you show people the way they will do it.

In terms of healthy eating guidelines; 2/3<sup>rds</sup> of the country are overweight, we have a food environment that encourages this. We follow the Scottish Government Eat Well guidelines.

BW was interested in the proportion of carbs to protein to fat.

GT added that there are few glycaemic carbs, people know what to do about it but it is hard to implement it.

EH stated she is a Type 1 diabetic and asked if it was diet alone or including things such as social proscripting?

GT said that many people after losing weight become more active spontaneously, this element was not something that the study focused on. There is some evidence that more activity leads to compensatory eating.

David Eadie (DE) asked about the Newcastle Diet.

May Millward (MM) asked about being overweight and deprivation, how they matched up.

GT said they looked at predictors. Those in the most affluent groups do better. SMID 5 – 1 (Scottish Index of multiple deprivation), SMID 5 do better but there is not much difference between SMID 1, 2, 3 & 4. Encouragingly though we still had good participation.

DE agreed it's not surprising but can be missed.

GT added that they always need more data.

Sue Hampson (SH) Asked about remission of Type 2 and how can a 2 year study say that? The amount of people in remission is falling and would that indicate it is more of a delay? In addition Q risk and heart age, how are these calculated?

GT responded that Q risk, blood pressure, BMI were the specific measurable, however it is an estimation as there is an unknown about the long term effects.

Diabetes is diagnosed, no one is saying that remission is permanent. It may come back, we're going to follow this for five years. We need to see how long it can be maintained. Age and genetics play an important part.

SH asked whether diabetes causes weight gain?

GT asked to clarify if it was the medication that could cause weight gain and treatment?

(the question was not answered due to the next speaker needing to begin)

DS introduced Alison Diamond, 20 years a dietician, professional advisor to Scottish Government on the Type 2 Prevention, Early Detection and Intervention framework.

Issues talked about included: Diabetes UK screening tool, access to psychology and how to deliver behaviour change. There has been good progress in Health Boards across Scotland as seen by the oversight group. 2019 – 2020 plans approved by Scottish Government and there is co-production of services and delivery.

NHS England's Diabetes Prevention Programme focused on Pre Diabetes, however in Scotland we wanted the framework to do prevention across every cohort: Complex pregnancy, intensive weight management, an agreement from all boards that there should be equitable access for programmes such as Counter Weight Plus.

BW commented that there is an undeniable logic of healthy life styles and improvement in quality of life and asked if the framework will be doing a cost/benefit analysis? In addition, with the promotion of an active, healthy lifestyle does this look at preschool and deprivation?

AD responded that she is a cheerleader and is very optimistic that the framework will deliver good for children and healthy weight is a vital component of the programme. The framework is very focused on child healthy weight and data is at its core, this includes a quality of life element.

Kerry Douglas (KD) asked about the psychological consideration, DiRECT used a very low calorie diet. Is there any data on which either the speed of the loss or the amount of the loss is better?

GT responded that it is the speed of the loss. There is a school of thought that it is disheartening if not seen to be working but it is the amount as well.

AD added that in respect to the low calorie diet, most people haven't had the focus from their healthcare professionals. That access is what makes the difference, including the mental and the physical with the ongoing support and access.

GT There is a similar frequency of content with DiRECT, it does work.

AD pointed out that with a pathway and menu of options to discuss with patients is the best option. Football Fans in Training is a gr4eat example of this helping. There is work currently underway to develop pathways with link workers for BAME communities, there is a huge array of options.

GT said how the research studies present the mean outcomes, it's about finding the right approach.

KD representing Ascencia Diabetes Care explained how they have a two pronged approach with their low carb programme and digital plays a large part. Will this be part of the Scottish Government guidance?

AD replied that it is a theme throughout all the workshops at the conference in November on the framework. There will be a digital market place event so that we can endorse the ones available. In addition there will be a primary care meeting in early October. The Scientific Advisory Group will publish next year and give a better idea of travel.

In addition there will be new SIGN guidelines on the prevention of diabetes.

Paula Collins (PC) stated that she adheres to the low carb diet and added it's a complimentary element but a lot of What is in the DiRECT trail we can do for ourselves.

Emma Harper (EH) said that she was going to try and go to the conference in November. In addition she was trying to organise a debate in the chamber for November on emotional, psychological and mental health for people with diabetes and other long term conditions. She asked GT about any specific anti-depressant needs.

GT answered that it is recorded but does not give live data, it will come out.

BW commented that on to listening to the discussion that we need to understand the language, we must talk about nutrition rather than diet.

AD agreed, diet does not tell people what to eat, there are other factors.

Vivien Swanson asked about the psychological provision for people with diabetes? In a broader sense taking it into account as it is expensive but when we look on the ground it's not there.

We can look to make sure that it is implemented in a way that has meaning, at all the tiers that have been discussed and a strategic way to help people. However there needs to be funding.

David Eadie (DE) said this was another opportunity for NHS Scotland to be world leaders. He asked if there is going to be continued investment and what happens when the funding ends. Is it possible for the Health and Sport Committee to hold Scottish Government to account?

BW responded that the Health and Sport Committee are good at holding Integrated Joint Boards to account. They have used Audit Scotland and they do not mess, it's a challenge to follow the money.

AD added that this is very specific funding for boards, there is a lot of scrutiny.

AD left.

Andrew Job (AJ) asked about the pathway and its ability to cope with success. What happens if you are successful does the patient drop out of the screen, does this mean after the intervention they are just left to cope?

GT replied that after achieving remission the patients are coded to ensure continued monitoring.

AJ commented that he had put himself into remission and fallen through the system.

Derek Beatty (DB) pointed out that prevention is better than a cure, he has had Type 1 diabetes for 40 years. It is his belief that it must be taken forward. One of the avenues is through supermarket chains. We all want a better quality of life and being able to fit care into people's lives. Can the Scottish Parliament consider forward approaches to work with the supermarkets?

EH replied that labelling is under review and Aileen Campbell MSP has talked to the National Farmers Union Scotland (NFUS). EH will follow this up with Joe FitzPatrick (minister for public health and sport).

BW concluded that we can tackle things differently, we need a more global approach. Food labelling is changing and is outwith the remit of Scottish Government.

EH wrapped up, carbs, no carbs and low carbs, I cannot just eat carrot sticks and celery. I do want to think how much carbs I'm consuming. This parliament takes the lead on how to prevent and make things understandable but we can do better.

The next meeting is on 17<sup>th</sup> December on Emotional, Psychological and Mental Health with Diabetes.

Meeting closed.