Cross-Party Group on Diabetes

03 December 2024 6.00pm

Minute

Present

MSPs

Jackie Baillie
Sarah Boyack
Emma Harper
Paul O'Kane

Invited guests

Jenni Minto
Sarah Wild

Non-MSP Group Members

Alison Grant
Alison Templeton
Billy Wright
Bryony Murray
Bushra Riaz
Caroline Miller
Dave Curry
Elliott Fulton
Gillian Frayling-Kelly
Gordon & Christine Ritchie
Grant Reilly
Grant Thomas
Heather Rankine
Ian Aitken
Ian Sloan
Isabel Macleod
Izzy Roberts
Jessica Chapman
Jinty Moffett
JN Fraser
Judith Kennon
Kirsty Jarvis
Laurie Eyles
Lesley Murdoch

Lesley Ross
Leigh Mair
Mandy
Mary Moody
Mhairi Macdonald
Michael Conway
Michael Houghton
Paul Niven
Robert Lindsay
Ruth Chapman
Sheil M
Sheila Reith
Sheila Trachsler
Shelley Murray
Stephen Nixon
Stuart McLaughlan
Susan Fletcher
Syed Kerbalai
Vicky Gkloumpou

Apologies

Graeme McArthur
Ron McDowall
Lochlan Murdoch
Julie Taylor

Agenda item 1

Paul O'Kane welcomed everyone to the Cross party Group on Diabetes meeting.
Paul O'Kane wished to put on record the CPG's thanks to Diabetes Scotland staff members, John Kinnear and Daniel O'Malley.

Agenda item 2

Annual General Meeting
Paul O'Kane, MSP was elected as Co-Convenor. Proposed by Sarah Boyack, MSP, seconded by Emma Harper MSP.
Emma Harper, MSP was elected as Co-Convenor. Proposed by Sarah Boyack, MSP, seconded by Paul O'Kane, MSP.
The CPG has covered a wide range of issues in 2024 and held a number of meetings where ministers have been present.

Diabetes Scotland was re-nominated as Secretary to the group. Proposed by Paul O'Kane, MSP and seconded by Emma Harper, MSP.

Agenda item 3

Discussion Topic: Closed Loop roll out, Diabetes Improvement Plan, Long term conditions strategy.

Jenni Minto, Minister for Public Health and Women's Health, discussed:

- Recognised that many people attending the CPG feel there has not been enough communication regarding progress in diabetes care.
- Progress in rolling out diabetes technology, especially closed-loop systems for children – 63% of all children with type 1 diabetes in Scotland manage their condition using a closed loop system. This year funding has been provided for over 900 under eighteens.
- Complexity of the adult program – the hope is by Spring 2025 205 of all adults with type 1 diabetes will have access to closed loop technology.
- Challenges with equity in access across different health boards, that children should have access to technology that has a 'follow me' function.
- Plans for continued collaboration to address barriers to technology access. The national onboarding team is an example of a truly co-designed pathway, with the core focus of providing quality education to those living with diabetes. Of the 330 people onboarded by the team to date 100% would recommend the service.
- Acknowledged that some people say there is a lack of a published plan. Scottish Government strives for universal access to diabetes technologies but does not feel that setting targets would speed the process up.
- Highlighted the significant work across other areas of type 1 and type 2 diabetes care including: inpatient care, pregnancy and type 2 prevention.
- The consultation process for a long-term conditions strategy in the upcoming year.
- Acknowledged the complexity of resource allocation and the challenges posed by workforce and financial constraints.

Questions were collated and answers provided post meeting.

We are hearing that certain HBs no longer have the funds to start people on Dexcom even if it is the most appropriate CGM for an individual. Can you tell us how this issue is going to be resolved?

The Scottish Government has provided ring-fenced funding to support better access to CLS; this is over and above health boards existing budgets. NHS Boards were provided with an equitable allocation of the initial investment, depending on how many people are waiting for a CLS, and are able to order <u>any</u> CGM as part of this for under 18s. CGM costs for adults were not provided in the initial allocation of funding as it was widely accepted that the price variation between brands was not value for money. This does not mean that Health Boards are unable to use Dexcom – we have not stipulated to health boards or clinical teams which devices they should use and the financial allocation is flexible should a HB wish to purchase a specific brand of CGM for adults.

Any decision about brand choice is based on a discussion between the individual and their healthcare team. We would encourage any individual who feels there is a specific need to be on a specific device to discuss this further with their healthcare team. While we understand that services are operating in difficult financial circumstances, there is a strong consensus between clinical leads that all CGM options are safe and effective.

Some HBs are taking people off their Dexcom CGM to replace for more cost-effective option, we were told that this would not happen so what can we do when it does?

As above, the decision on which devices are used is determined locally. We are aware that in some board areas there has been a decision to utilise the most cost-effective options. This has been done to ensure as many people as possible benefit from this transformative technology. Some health boards may have cost pressures from technology they funded previously but we would expect all decisions on device changes to be made with patient consent.

As previously stated, we would encourage any individual who feels there is a specific need to be on a specific device to discuss this further with their team.

In some HBs Children and Young people are being put onto CGM that does not have 'follow me' function, is there a strategy in place to avoid this happening?

As stated the funding for this programme has ensured that all young people and their families can have a choice of brand. It is our understanding that all health board offer CLS with follow me function in under 18s via a tethered pump. If families are seeking a patch pump they may be offered a CGM that does not have a follow function – however this should be a discussion between the family and clinical team.

Again there is a consensus that these options are absolutely safe, however the national policy remains that choice should be provided.

We are aware that several HBs are not giving patients the choice of HCL as per recommendations from SIGN and SHTG, what is Scottish Government doing to resolve this issue?

We expect all health boards to be following clinical guidelines. It is our understanding that all health boards in Scotland offer a choice of tethered or patch pumps. While we appreciate there are less options for CGM in adults, this will be changing in the coming months as more brands become compatible with pumps.

The Scottish Government and NHS Health Boards have a responsibility to ensure cost effectiveness and these decisions are made by clinical staff.

If individuals have concerns about a clinical guideline not being followed, that should be raised with the local health board.

Can we have assurances that Scottish Government have negotiated the best possible deal that enables equity of access and choice of HCL.

The entirety of the Scottish Diabetes Community, lead by NSS Procurement, have been and remain actively involved in negotiating the best possible deals for NHS Scotland. We are led to believe by suppliers that Scotland have been able to negotiate very competitive deals. We would however welcome any evidence where this isn't the case as we would be keen to use this to inform ongoing negotiations.

Funding has been allocated to NHS Boards specifically to tackle inequalities across regions. That has meant that those local boards with the least access were given the most funding. Moving forward, we expect to be able to move to a system of population based funding as these gaps will have been reduced significantly.

Agenda item 4

Scottish Diabetes Survey

Professor Sarah Wild presented data trends:

- The increasing prevalence of diabetes, particularly among younger adults for Type 2 diabetes.
- Improvements in glycemic control for people with Type 1 diabetes due to technology.
- Persistent health inequalities by geography and socio-economic status.
- Recovery in routine diabetes care post-COVID.

Agenda item 5

Next steps

- It was suggested the group draft a letter to the Minister post-budget to address concerns raised.
- Ongoing dialogue with NHS boards and other stakeholders was encouraged to ensure consistency in care delivery.

Date of next meeting: Co-convenors and Diabetes Scotland to discuss potential dates in the new year.