

THE BELLWETHER REPORT

[bell-weth-er] **1.** A bellwether leads or indicates trends.
Diabetes is Scotland's Bellwether condition.

DiABETES
SCOTLAND
CARE. CONNECT. CAMPAIGN.

Diabetes Scotland
stands for everyone in
Scotland living with or
affected by diabetes:
**Scotland's largest
constituency.**

Directors Foreword

We all want Scotland to be a fairer country; healthier, safer, smarter and greener. Everyone in Scotland should be able to live well and realise their potential. These aims are shared across the political spectrum, they are what we want for every person living in our nation.

The diabetes community is Scotland's largest constituency.

With over 276,000 people living with diabetes, 500,000 at high risk of developing Type 2 diabetes and 45,500 living with undiagnosed Type 2 diabetes, along with their friends, families and other networks; the diabetes community is a constituency of over one million.

Through a series of events, surveys and consultations, we have been listening to the views of the community to hear what people feel would improve their experience of living with diabetes.

Diabetes is Scotland's bellwether condition. How we treat people who are living with, or at risk of developing, diabetes is a reflection on our nation's priorities and what we hope people across the country can achieve for themselves.

Diabetes is a serious condition which has a profound impact on an individual's life. Not only does it affect the person who has been diagnosed with the condition and their families, but also our NHS Scotland and the wider economy.



Diabetes is Scotland's bellwether condition because it helps us understand the challenges facing our nation.

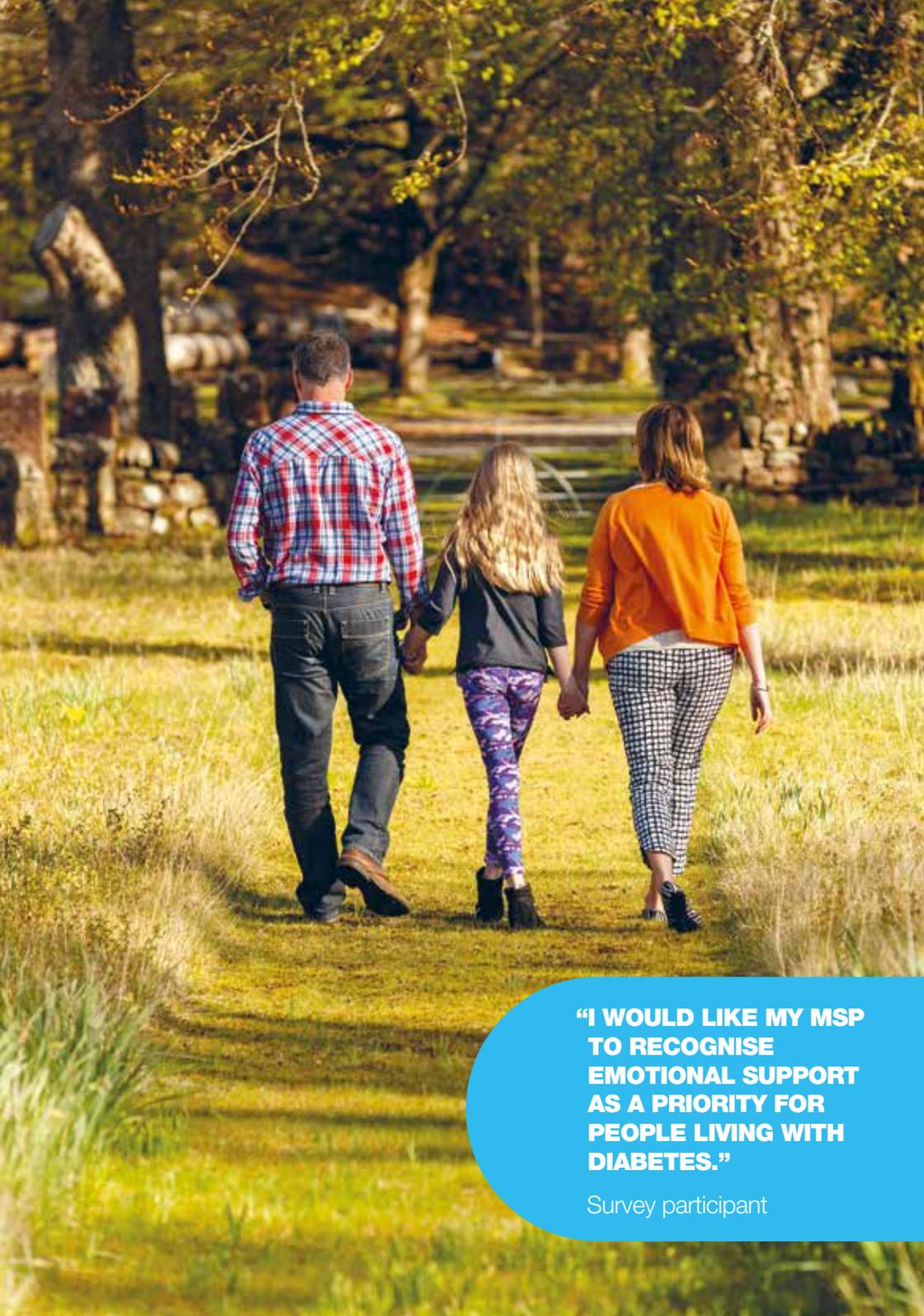
Diabetes is Scotland's bellwether condition because it helps us understand the challenges facing our nation. Our experiences of NHS Scotland, our work life, the attitudes of people around us, our diet and the things we do to keep active; all of these are fundamentally linked to diabetes. It is intrinsic to the very fabric of the streets we walk on, the places we work, the way we live our lives.

When we improve outcomes in these areas we will help improve quality of life for people living with the condition, those at risk of being diagnosed and everyone in Scotland. This holistic, person-centred approach should reflect the experience of every individual in Scotland, the challenges they face and the opportunities they deserve.

The Scottish Government should commit to making diabetes a national outcome - one of the means by which the health and wellbeing of the nation is measured. This is our chance to make sure people living with diabetes experience a Scotland that truly reflects their needs, ambitions and rights.

Jane-Claire Judson

National Director of Diabetes Scotland



**“I WOULD LIKE MY MSP
TO RECOGNISE
EMOTIONAL SUPPORT
AS A PRIORITY FOR
PEOPLE LIVING WITH
DIABETES.”**

Survey participant

Our ambition for the future

We want to see a Scotland where living with diabetes does not restrict a person's ability to live the life they choose.

The Scottish Government needs to focus on three key areas that impact on people's lives to make this ambition a reality:

1 HEALTH INEQUALITIES

2 LIVING WITH DIABETES

3 PREVENTION



The one-size-fits-all approach to diabetes does not provide the support that people require.

National Outcome

We need a holistic approach to healthcare in Scotland as the one-size-fits-all approach to diabetes does not provide the support that people require.

We know that providing universal person-centred care for people living with diabetes will take longer than a single parliamentary cycle. This is why we need to develop a coordinated multi-party commitment to action that delivers real, positive change for people living with diabetes and the wider Scottish public.

The Scottish Government should make diabetes a national outcome for Scotland and put it at the heart of the prevention and healthcare agenda.



“I WOULD LIKE TO SEE POLITICIANS WORKING TO ALLAY THE MYTHS THAT STILL SURROUND THOSE WITH DIABETES.”

Survey participant

Health Inequalities

Diabetes is strongly linked to inequalities. The Scottish Government needs to address poverty, deprivation and their direct consequences.

Diabetes, heart disease, some cancers and mental illness are examples of the burden of ill health that is carried disproportionately by those living in deprived communities. Not only are the prevalence and incidence of disease higher in areas of deprivation but treatment is less successful.



There is a disparity of care between Health Boards and between people with Type 1 and Type 2 diabetes.

Inequality exists at every level of the patient journey. While some excellent care is being carried out across Scotland, it is not available everywhere. There is a disparity of care between Health Boards and between people with Type 1 and Type 2 diabetes, in terms of the care processes they receive and their ultimate outcomes. During their lifetime, people on low incomes are one-and-a-half times more likely to develop diabetes than those on an average income, and children growing up in low-income households are three times more likely to be obese than those in high-income households.

We need to develop a rounded approach to care or this unfairness will continue. A person should receive the same standard of care no matter their age, the type of diabetes they have or where they come from.

The integration of health and social care is an opportunity for service providers to deliver services that reflect the needs of their communities. Too often people are described as being hard-to-reach, when services themselves can



We have to increase the involvement of people living with diabetes at every step of the patient journey.

be inaccessible. We have to increase the involvement of people living with diabetes at every step of the patient journey.

Improvements in self-management outcomes for people with diabetes can reduce complication rates, establish effective ways to identify those at risk of Type 2 diabetes and introduce a range of interventions that help create an environment focused on prevention. Similarly, we have seen some progress with a quarter of young Scots with Type 1 diabetes having access to insulin pumps. However there is still work to be done to make sure that everyone who would benefit from an insulin pump is given one.



URGENT ACTION



- **Introduce more non-traditional providers managing services, such as expert patients or fitness coaches, together with people with diabetes and their healthcare professionals.**
- **Improve the process whereby communication of changes to healthcare provision is made.**
- **Everyone living with diabetes should be told of their risk of foot problems and understand how to care for their feet. 'CPR for Feet' aims to identify patients with a foot ulcer or those at risk of developing them. Diabetes Scotland's Putting Feet First campaign continues to highlight the need for better foot care.**
- **There needs to be a concerted effort by everyone in the diabetes community to improve HbA1c levels across Scotland. The HbA1c test gives the most accurate indication of how well diabetes is being managed and whether or not there is an increased risk of developing complications.**

We invite everyone to sign up to our Diabetes Bellwether Essentials and campaign for **Scotland's largest constituency.**

PEOPLE WITH DIABETES

SHOULD EXPERIENCE
NO ECONOMIC OR

SOCIAL

DISADVANTAGE

AS A RESULT OF LIVING
WITH THE CONDITION



NO CHILD

TO BEGIN THEIR DIABETES JOURNEY

WITH A MISDIAGNOSIS,

EMERGENCY

ADMISSION OR DKA

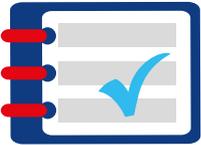


EVERYONE
SHOULD HAVE THE
**SAME LEVEL OF**
DIABETES CARE
NO MATTER
THEIR AGE OR
WHERE THEY LIVE

EVERY CHILD
WITH TYPE 1
TO HAVE ACCESS TO THE SAME
CHILDHOOD
EXPERIENCES
ATTEND SCHOOL TRIPS
BIRTHDAY PARTIES
SLEEPOVERS
ENJOY SPORT
& OTHER ACHIEVEMENTS



EVERY PERSON WITH DIABETES TO RECEIVE THE 9 CARE



PROCESSES EVERY YEAR
REGARDLESS OF TYPE OF DIABETES,
WHERE THEY LIVE, ETHNICITY, RELIGION,
GENDER, SEXUALITY, AGE OR DISABILITY

EVERY PERSON WITH DIABETES WHO CAN JOIN THE WORKFORCE

TO BE SUPPORTED TO DO SO

WITHOUT

DISCRIMINATION

**AND WITH REASONABLE
ADJUSTMENTS TO MANAGE**

THEIR DIABETES



**THE PREVENTION OF
TYPE 2 DIABETES
SHOULD BE
A NATIONAL
PRIORITY
FOR EVERYONE**

**WILL YOU COMMIT TO
MAKING DIABETES A
NATIONAL OUTCOME?**

**DiABETES
SCOTLAND**
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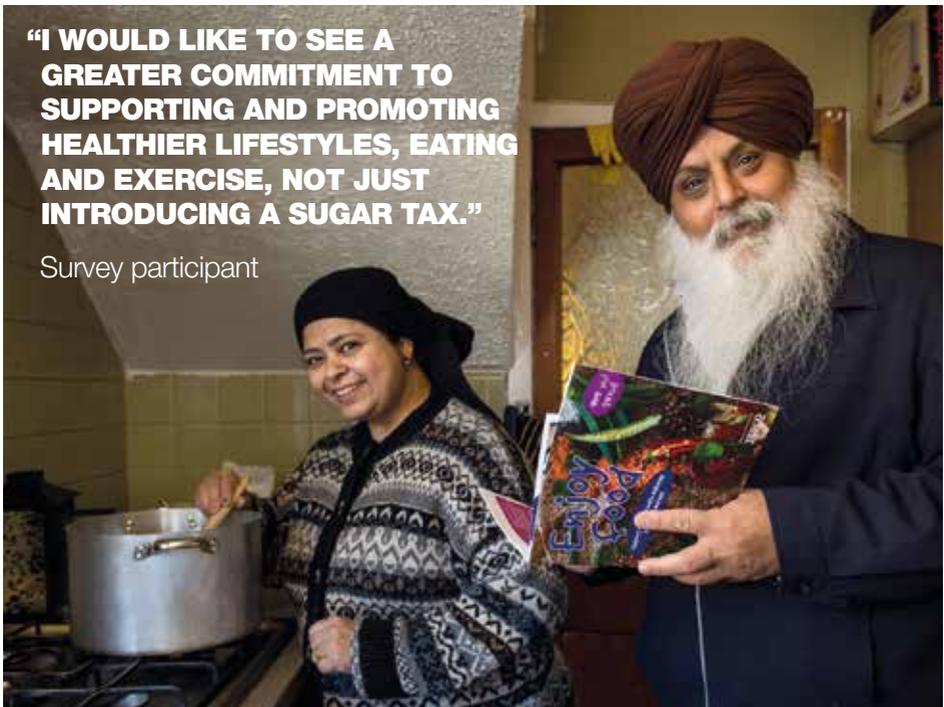
**THE SCOTTISH GOVERNMENT
HAS TO PUT PEOPLE LIVING
WITH AND AT RISK OF
DIABETES AT THE HEART
OF ITS AGENDA.**

Living with diabetes

Diabetes Scotland is committed to supporting a movement of people who will challenge the stigma that people with diabetes face in communities, schools and workplaces. We want to make it easier for people to speak out, acknowledge their condition, seek help and live their lives to the full.

Changing attitudes is the work of a generation.

People living with diabetes have to endure a number of negative misconceptions. We have been working hard to change this. There are a number of contributing factors to a person being diagnosed with diabetes, particularly Type 2, including genetic, sociological and environmental.



“I WOULD LIKE TO SEE A GREATER COMMITMENT TO SUPPORTING AND PROMOTING HEALTHIER LIFESTYLES, EATING AND EXERCISE, NOT JUST INTRODUCING A SUGAR TAX.”

Survey participant

Better care and support needs to be made available at every stage of an individual's journey. From school and the workplace to their experiences of NHS Scotland; this process has to encompass all aspects of a person's life.



Our Taking Control campaign is calling on everyone living with diabetes to be offered the chance to attend gold standard education courses following diagnosis.

People need to receive the right education and skills training for them to be able to self-manage their condition. The uptake for education in Scotland is extremely low. Our research tells us that 2,967 people took diabetes education in 2014, despite there being 17,280 newly diagnosed cases. Our Taking Control campaign is calling on everyone living with diabetes to be offered the chance to attend gold standard courses following diagnosis that help build the skills needed to live well with the condition.

Social isolation can affect anyone. Being diagnosed with diabetes and living with a long term condition can be difficult. Good mental wellbeing helps protect against the consequences of poorer circumstances. People should be encouraged and supported to talk about issues and concerns with specialist healthcare professionals.

Family members may also suffer financially, especially parents of children with Type 1 diabetes who may be forced to give up work in order to ensure their child receives an education and is safe at school. No one should be forced to give up work or suffer significant personal costs if they or a family member has diabetes.

Continuous Glucose Monitoring (CGM), education and support, should be offered to people with



Scotland is slipping behind international comparators when it comes to pump provision and CGM.

diabetes who have persistent problems with hypoglycaemia unawareness or frequent hypo or hyperglycaemia. Scotland is slipping behind international comparators when it comes to pump provision and CGM.

Our Making Connections project, in which we work with the Scottish Government to offer education and support to young people in schools, is vital in helping change perceptions. We aim to educate and support young people with Type 1 to live well in addition to offering support for people facing stigma or ignorance.



URGENT ACTION



- **A youth worker should work alongside young people at the centre of their diabetes team to offer support and guidance to people when coming to terms with their diabetes.**
- **Employers should be encouraged to offer support where needed for all people who have been diagnosed with diabetes, including time off to attend educational courses.**
- **All Health Boards should implement the Think Check Act programme. Think, Check, Act is an inpatient care programme which aims to ensure people with diabetes in hospital are supported and cared for. The pilot programme ran across 12 wards in four Health Boards and should now be rolled out across Scotland.**
- **Health Boards must explore ways of improving access and provision of diabetes education courses.**
- **Good mental wellbeing of people living with long term conditions needs to be a priority for every Health Board in Scotland.**

“THE NEXT GOVERNMENT SHOULD ENSURE THAT THERE ARE REGULAR AND COMPLETE CHECK-UPS FOR EVERYONE WITH DIABETES.”

Survey participant



Prevention

We have an ageing population in Scotland. If preventative measures are not implemented on a wide scale then the rise in Type 2 diabetes will continue.

People on low incomes are currently more likely to suffer from diet-related diseases such as Type 2 diabetes, obesity and heart disease. As a result, they are more likely to die earlier and suffer longer periods of ill-health, especially in later life.

Action needs to be taken to ensure people at risk of household food insecurity are physically able to access, cook and eat adequate quantities of quality food. This means ensuring that healthy food options are accessible locally and that low-income households have the ability to buy, maintain and replace cooking appliances. Retailers can play a part in this by offering affordable healthy food.

“THE GOVERNMENT NEEDS TO COMMIT TO SUPPLYING MORE FUNDING FOR RESEARCH, DIAGNOSIS AND AFTER CARE.”

Survey participant



Breaking this link will involve ensuring everybody meets a minimum standard of income in order to be able to buy food of adequate nutritional quality after core living costs like housing and energy.



Being active makes you feel better, reduces your stress levels, keeps your weight down and helps protect your health.

Being active makes you feel better, reduces your stress levels, keeps your weight down and helps protect your health. This is true whether you have diabetes or are taking steps to reduce your risk of Type 2 diabetes. All children and young people should have the opportunity to build up to at least an hour of moderate to vigorous physical activity throughout the day. This includes brisk walking, very active play, most sports and games.

Small steps such as designating community play areas can increase children's physical activity. This can be achieved through measures such as closing streets to cars at certain times throughout the day or converting school playgrounds into community playgrounds.

Interventions need to be based on the best possible evidence about the complex and inter related factors that generate and maintain social and health inequalities. A recent study by the Glasgow Centre for Population Health showed that 45% of people in deprived areas were smokers compared with only 6% of their more affluent counterparts. More deprived people are less physically active and have a poorer diet. The greatest gains in advancing population health result from investment that improves social and economic conditions in both early and later life.

No one government can hope to make profound changes in a five year election cycle. The Scottish Government needs to build support from across society and have the confidence to influence all aspects of people's lives.



URGENT ACTION



- **The Scottish Government, NHS Scotland, local authorities, employers, and the food and drink industry need to match people's determination to make healthier choices.**
- **A wide variety of interventions ranging from soft nudges such as colour coded menus in restaurants to legislation such as the reformulation of meals, explore options for a fair and progressive sugar tax and the compulsory labeling of food.**
- **A focus on creating an environment centred on prevention that supports healthy choices and encourages healthy behaviours.**
- **A subsidy on fresh fruit and vegetables.**
- **The Scottish Government should ensure consistent and inclusive access to lifestyle services across Local Authorities.**

I am standing for the
diabetes community,
**Scotland's largest
constituency.**



**DiABETES
SCOTLAND**
CARE. CONNECT. CAMPAIGN.

**Diabetes Scotland, The Venlaw,
349 Bath Street, Glasgow, G2 4AA**

CALL 0141 245 6380

EMAIL scotland@diabetes.org.uk

GO TO www.diabetes.org.uk/scotland

A charity registered in England and Wales
(215199) and in Scotland (SC039136).