

CARE, CONSISTENCY, CHOICE

A diabetes manifesto for Scotland



**DIABETES
SCOTLAND**

KNOW DIABETES. FIGHT DIABETES.

OUR AMBITION FOR SCOTLAND

Diabetes touches lives in every community across Scotland – from our islands and rural towns to our cities and neighbourhoods. For those with the condition, it's more than just a diagnosis. It is part of everyday life that involves navigating daily decisions and unseen burdens, as well as showing extraordinary determination, perseverance and resilience needed to face the challenge of living with diabetes.

More than 360,000 people in Scotland, around 6.7% of the population, now have diabetes and that number is only increasing every year. It's a challenge that cannot be ignored. The NHS in Scotland spends £875 million on diabetes care each year and this is set to rise to £1.5 billion by 2035. Yet despite the availability of effective treatments and prevention strategies, far too many people lack access to the care, education and resources they need to manage or prevent diabetes.

As part of Diabetes UK, it's our mission to tackle diabetes, day in and day out, until it can do no harm. It's why we campaign for better care, give support in times of need and fund ground-breaking research into new treatments and a cure. Diabetes doesn't stop, so neither do we. That is why we have outlined a shared vision for change that focuses on opportunities to improve the lives of everyone affected by diabetes.

Diabetes Scotland recognises that while every experience of diabetes is unique, people living with diabetes want to see their care and support underpinned by three key principles:

Care. Consistency. Choice.

Care means being seen, heard and respected – with easy access to early intervention, prevention, education and compassionate, person-centred healthcare at every stage.

Consistency means reliable diagnosis and treatment, uninterrupted access to care, and steady support regardless of where you live, who you are or what stage of your journey.

Choice means empowering people with the knowledge and tools and options to prevent complications and manage diabetes in ways to fit their individual lives.

Our ambition for Scotland is bold because people living with diabetes deserve nothing less.

! OUR ASKS OF THE NEXT SCOTTISH GOVERNMENT

People with diabetes in Scotland are being failed by inconsistent care and unequal access to support. This is not inevitable – with the right approach and priority, diabetes care in Scotland can be fair, consistent and fit for the future.

That is why we are calling on the next Scottish Government to take urgent action to improve the experiences and outcomes of people with diabetes, all focused on the need to deliver care, consistency and choice.



1. End the 'postcode lottery' of care for people with diabetes

Where you live in Scotland should not determine the care you receive. Yet for people with diabetes, access to specialist support, education and life-changing technology varies widely across the country. This postcode lottery is unfair, avoidable and puts lives at risk.

Diabetes is one of Scotland's most common long-term conditions, but outcomes remain unequal. Only around **1 in 10 people with diabetes receive all their annual care checks**, and access to technologies such as continuous glucose monitoring and insulin pumps remains inconsistent despite national policy. These gaps are driven not by clinical need, but by geography and inequity.

Fair, consistent diabetes care will prevent avoidable complications, reduce hospital admissions and cut long-term NHS costs. Most importantly, it will ensure that people with diabetes across Scotland get the care they need – regardless of where they live.

We want to see the end of the diabetes postcode lottery by:

- **Developing and enforcing national minimum standards for diabetes care and review across all NHS boards**, including timely access to specialist teams, structured education and appropriate technology, as well as clear pathways for people transitioning across services.
- **Ensuring that eligibility criteria for diabetes technology and services are standardised**, transparent and applied consistently across every NHS board, improving equitable access for everyone.
- **Improving national data collection and public reporting to identify and address variation**, including tackling health inequalities experienced by people in deprived, rural and remote communities who are disproportionately affected by poor access to care and higher rates of complications.



"There is no consistent transition from child to adult services. The level of support and services available to you depends on where you live and local provision."

- young person living with type 1 diabetes





2. Make diabetes care more connected

Diabetes isn't just a medical condition – the daily grind of constant checks, meds and decision making has a huge impact on your mental health and emotional wellbeing. Unfortunately, limited integration across services leaves many people with diabetes unsupported. Lack of communication between services often results in gaps in care and support and ultimately results in poorer outcomes.

The impact of diabetes can't be underestimated. **Up to 40% of people with diabetes experience significant diabetes-related distress.**

By prioritising an integrated, holistic approach to diabetes care, Scotland can reduce complications, prevent hospital admissions and empower people to manage their diabetes confidently and in a way that achieves a better quality of life.

We want to see diabetes care become more connected by:

- **Developing co-ordinated care pathways designed around the person**, seamlessly connecting primary, secondary, and community services through a multidisciplinary team, and creating one personalised plan that reflects what matters most to them – combining clinical goals with quality-of-life priorities for truly holistic support.
- **Embedding mental health support as a routine provision of diabetes care**, with timely access to counselling and peer support for those experiencing diabetes-related distress.
- **Increasing accessibility to services and supports** by offering these services flexibly to fit people's lives.



“Receiving my diagnosis really shook my world. I felt so overwhelmed and didn’t know where to turn for support.”

- person with recent diagnosis of type 2 diabetes

3. Deliver equitable access to life-changing technology



Diabetes technology – such as continuous glucose monitors (CGMs), insulin pumps and hybrid closed-loop systems – can transform lives. These tools improve blood glucose control, reduce the risk of complications and enhance quality of life. Yet, across Scotland, access remains inconsistent. Around **15% of people with type 1 diabetes still use finger prick glucose testing** instead of CGMs, and insulin pump availability varies widely between NHS boards, leaving many people without access to clinically recommended technologies.

Reducing variation in access will save lives and everyone with diabetes deserves the chance to benefit from life-changing technology. Scotland has the policies and clinical guidance in place; now is the time to ensure these are implemented consistently across every health board.

We want to see the delivery of equitable access to life-changing technology by:

- **Continuing investment in timely access to diabetes technology**, ensuring that everyone who can benefit from diabetes technology can access it, where and when they need it, accounting for different life stages and circumstances and individual needs.
- **Delivering timely and effective structured education and ongoing support**, ensuring people can use devices safely and effectively.
- **Ensuring people with diabetes are supported to make an informed choice about the tools they use to manage their diabetes**, including the right to choose between devices and systems that best fit a person's lifestyle.

 “Local budget priorities mean that some people can’t get access to the sensor or pump that would work best for them. It’s not fair that we [people with diabetes] can’t access the tools that will make it easier to manage our condition. We need to ensure everyone can access the right tech for them.”

- person living with type 1 diabetes



4. Put people at the centre of diabetes care

Scotland's diabetes policy is considered world-leading but the reality of people's experiences of care doesn't always match the vision. In 2022, **nearly 60% of people with diabetes in Scotland reported difficulties making appointments for routine check-ups**, underscoring that current systems are simply not meeting people's needs.

By putting people at the heart of diabetes care, Scotland can improve both outcomes and experiences for those affected by the condition. Care becomes not only effective but also supportive, practical and respectful – enabling people to thrive while managing their condition.

We want to see a more person-centred approach to diabetes care by:

- **Supporting healthcare professionals to embrace shared decision-making and personalised care planning**, where treatment goals are set collaboratively and shaped around the person's life, preferences and priorities, and access to care and support is timely and flexible.
- **Improving access to information and support on the prevention and self-management of diabetes**, including promoting the use of digital tools such as My Diabetes My Way and Digibete to empower individuals and increase confidence in day-to-day care.
- **Enabling meaningful involvement of people with diabetes in policy development, service redesign and evaluation** based on the principle of co-production.

 “I just want to be heard but it’s so difficult to get an appointment with my GP... When I’m in my appointment, I’m more interested in how my diabetes makes me feel rather than what the numbers say.”

- person living with type 2 diabetes



5. Invest now for the future

Investing in diabetes care now will prevent avoidable harm and reduce long-term pressure on the NHS in Scotland. **Diabetes and its complications already cost NHS Scotland £875 million a year**, with complications alone accounting for approximately £485 million. Without action, these costs are projected to rise as the number of people developing diabetes continues to increase.

Much of Scotland's spending on diabetes care could be reduced through prioritising prevention and early intervention approaches. This must include tackling the root causes of type 2 diabetes, notably obesity and an unhealthy food environment that makes it harder for people to maintain healthy diets. Prevention-focused initiatives, such as Scotland's digital diabetes prevention programme, aim to prevent thousands of cases of type 2 diabetes through education and lifestyle support, ultimately reducing demands on health and care services and improving individuals' lives.

Investing in a strong, well-trained diabetes workforce is essential to support the effective delivery of these approaches. Adequate staffing ensures people receive timely reviews, personalised care and the guidance need to manage their condition effectively.

By shifting the focus from crisis management to prevention and early intervention, Scotland can deliver proactive, person-centred diabetes care that supports the future health of the nation.

We want to see improved investment in diabetes care that looks to the future by:

- **Expanding investment in diabetes prevention approaches that seek to reduce the incidence and prevalence of type 2 diabetes**, including action to prevent obesity and improve the food environment, alongside the implementation of diabetes risk identification and screening programmes that enable early intervention and support healthier lifestyles.
- **Funding increased workforce capacity to deliver timely, high-quality care and support and tackle long waiting lists**, including specialist nurses, dietitians, podiatrists and psychologists.
- **Enabling and promoting access to training and education among healthcare professionals**, such as Diabetes UK's accredited training and Continuous Professional Development (CPD) resources that increase knowledge and understanding of diabetes and its impact on patients.

 “It's so important to try to prevent the disease by tackling the underlying causes... education on healthy eating and the benefits of exercise need to be introduced early.”

- diabetes healthcare professional



CASE STUDY: Community pharmacy in diabetes prevention

Community pharmacies are highly accessible, local services where people who might not regularly seek preventive care can access advice and support. A recent study in Tayside has shown that pharmacies provide effective, equitable access to HbA1c testing and diabetes prevention, identifying individuals missed by standard primary care pathways and doubling engagement with digital diabetes prevention programmes.

With the right investment, the expansion of pharmacy-based screening offers an opportunity to reduce health and expand primary care capacity. This will ultimately improve outcomes as we move to more inclusive approaches to care.

MICHELLE'S STORY



Growing up with type 1 diabetes in a rural community meant my care was often dictated by distance rather than choice. Living far from specialist services meant that even the simplest part of managing my condition became more complex. Regular screening appointments required a three-hour round trip to Inverness, placing huge pressure on not just me but my whole family too. When emergencies arose, that distance felt even greater. Those moments throughout my early years highlighted just how essential dependable, continuous support is when managing a condition as relentless as type 1 diabetes.



My time living in Shetland as a young adult showed the difference that true continuity of care can make. There, I benefited from a close-knit clinical team who knew their patients well and understood the realities of island life. The consistency of seeing the same faces, speaking to people who recognised me as an individual, and having professionals who understood me and my history gave me something I hadn't experienced before: genuine choice in decisions about my own care.

For me, choice and consistency aren't luxuries – they're lifelines. They shape how confident I feel in managing my diabetes, how supported I am during difficult moments, and how empowered I am to make decisions about my future.



ANDY'S STORY

For years after my diagnosis, I carried a heavy sense of shame about having type 2 diabetes. I didn't tell most of my family or friends, and I certainly didn't mention it at work. I felt embarrassed, as though I'd brought it entirely on myself through "poor choices." When my dad died from diabetes-related complications, I promised him I'd look after myself. Being diagnosed felt like failing both him and myself, and I carried that guilt every day.

What I didn't realise at the time was how little choice I had in so many parts of my journey. Diabetes runs in my family, and looking back, I can see how grief, stress and a demanding career shaped my lifestyle long before my diagnosis. Even when I wanted to make changes, I didn't feel ready to ask for help. I felt overwhelmed and completely unequipped to manage my health. It was only when I was able to change my own mindset that I was able to take steps to understand my diabetes and to take action to address it.

Looking back, having access to education and support earlier would have helped me to understand the seriousness of diabetes and to manage my condition more effectively. Diabetes care is about more than just numbers, it's about the whole person. Being able to access the right care, at the right time would have made a difference to me and my journey with diabetes.

HOW YOU CAN SUPPORT THE CAMPAIGN

This election is a critical opportunity to improve diabetes care in Scotland. Change will only happen if decision-makers hear clearly and consistently from the people they represent.

You can help by:

- **Sharing our manifesto asks** with candidates MSPs and your local representatives.
- **Using your voice on social media** to highlight why diabetes care matters and call for fair, consistent support.
- **Engaging with candidates** to ask them to commit to taking positive action to improve diabetes care.
- **Supporting Diabetes Scotland's campaign activity**, online and in-person.
- **Sharing your experience** to show the impact of policy decisions on everyday life.

Every conversation, message and action helps build momentum for change. Together, we can make diabetes care a priority this election – and ensure it works for everyone, wherever they live in Scotland.

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