IMPROVING DIABETES CARE IN SCOTLAND 2018
UNDERSTANDING THE PRESENT AND SHAPING THE FUTURE
Improving Diabetes Care In Scotland 2018

Prevention, Early Detection & Early Intervention

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What do we class as prevention?

- Public health?
- Weight management?
- Education?
- Targeting high risk groups?
What are we doing Nationally?

- SDG – Diabetes Improvement Plan
  
  **Priority 1 – Prevention**

- Aim: To establish and implement approaches to support the prevention and early detection of type 2 diabetes, support rapid diagnosis of type 1 and to implement measures to promptly detect and prevent the complications of diabetes
Short Life Working Group established

- Identified key representatives to contribute to the group bringing together Diabetes and Obesity HCP specialists and public health, education and research including DUK.
- Established Terms of reference of group, our remit and review of evidence base for work stream
- Scoping exercise of what Diabetes MCN’s have in place for prevention and targeted interventions for GDM, Pre–diabetes and established T1 and T2 diabetes
- Scoping exercise of weight management services across Scotland and how they link with Diabetes prevention and Diabetes care.
- Began work on development of a framework to sit alongside Diet and Obesity Strategy for Scotland
Workplan

- Establish what prevention measures are currently in place in services across Scotland;

- Establish collaborative and co-ordinated approach to prevention and early intervention between services, government and the third sector;

- Ensure that within services there is free flow of information and appropriate data recording;

- Identify risk assessment tools and outline appropriate interventions to support the prevention of diabetes and its complications;

- Identify ways of engaging with people from hard to reach communities and socially deprived background;

- Work alongside Diet and Obesity Strategy to develop a diabetes prevention framework
Prevention – Population Life cycle Approach

- Develop and implement a National awareness campaign
- Agree national core messages around health and well being and diabetes prevention
- Support self management
- Focus on wellbeing
- Identify inequalities
- Adopt whole system, integrated working approach – across Community Planning Partnerships and Health.
- People with lived experience as equal partners
- All age learning
- Link with all relevant National strategies
Early Identification

- Risk stratification
- Promotion of self assessment
- Targeted screening for moderate to high risk
- Type 1 – DKA prevention at diagnosis
Early T1 diagnosis
Increase awareness
Over 30% new T1 in Scotland Diagnosed in DKA.
Rises to nearly 40% under 5 yrs
Think – Symptoms Is it Diabetes?
Test – Finger prick blood glucose
Telephone – Same day review
Early Intervention

- Access to evidence based information
- Timely access to structured education
- Equitable access to targeted interventions eg. Pre-diabetes courses, GDM education
- Refer to weight management services with range of programmes
- Access to specialist input eg. LCD’s/ Bariatric surgery – potential remission of T2 DM
Level 4 – T1 and 2DM diagnosed, complex:
➢ Specialist intervention, case management

Level 3 – T1 and T2DM diagnosed, GP refer to:
➢ Structured education programme eg. DESMOND
➢ Weight Management Service (if BMI > 30 kg/m²)

Level 2 – screening high risk and diagnosis of pre-diabetes, GDM or at high risk*, GP refer to:
➢ Pre-diabetes programme followed by
➢ Weight Management Service (if BMI > 30 kg/m²)
➢ Metabolic Antenatal Clinics

Level 1 – Population Approach to core messages around health
National risk assessment tool implemented for Early detection and instigating intervention for those at risk*:
➢ Community health and wellbeing programmes
➢ Signposting to further support e.g. Weight and physical activity groups in local community, cooking groups etc
➢ Signposting to self-management e.g. websites, apps, wearable technology

*there is an absolute need to agree and ratify what is being considered in each risk category as this must be in keeping with nationally agreed guidelines.
That is our vision ...

We have identified challenges – nationally and locally in implementing an all encompassing framework

- We have a need to improve interface between obesity and prevention metrics – GP and AHP systems (Trak etc) and Public Health and SCI-Diabetes

- We need to better utilise Technology available and maximise self management
Hopefully can be discussed in workshops this afternoon..