Royal Pharmaceutical Society in Scotland response to Scottish Parliament Health and Sport Committee - Prevention Agenda Type 2 Diabetes

The Royal Pharmaceutical Society in Scotland (RPS) welcomes this opportunity to feed into the committee’s ongoing Prevention Agenda inquiry, which this time focuses on Type 2 Diabetes. We are very grateful to our specialist pharmacist colleagues from Diabetes and Public Health for their input to this inquiry.

1. To what extent do you believe the Scottish Government's Diabetes Improvement Plan 2014 and the approach by Integration Authorities and NHS Boards is preventative?
2. Is the approach adequate or is more action needed?

Prevention and early detection of diabetes and its complications is one of the eight priorities detailed within the Diabetes Improvement Plan and although much has been achieved within NHS Boards greater progress is required in identification of pre-diabetes and the potential to delay and/or reverse development of diabetes particularly through lifestyle interventions.

- Identification and management of individuals at high risk of developing type 2 diabetes and methods of recording and monitoring those with impaired glucose tolerance or fasting glucose need to be further developed.
- NICE recommends that risk assessment programmes are offered in a variety of settings including GP surgeries and community pharmacies to encourage uptake in hard to reach groups. This would help reduce existing health inequalities which are major issues in type 2 diabetes.
- Screening, provision of advice on weight control and exercise and signposting to healthy lifestyle services can all be offered from easy to access local centres such as community pharmacies. The community pharmacy network consists of more than 1,250 community pharmacies, many of which are located in our most deprived areas.
- In addition to population-based approaches, greater use of person-centred individualised programmes is required to improve the success of weight and exercise management programmes.
3. **What are the most effective initiatives for preventing type 2 diabetes?**

Obesity is the single highest risk factor for development of type 2 diabetes.

In addition, lack of physical activity, increasing age, family history and ethnicity are also associated with development of type 2 diabetes.

- Interventions based on achievement of weight loss and increased exercise reduce risk of development of diabetes and may also reverse/delay onset of the disease thus reducing/eliminating the need for medication.
- Increased implementation of screening programmes to identify individuals at high risk and referral to weight management and exercise services which are tailored to individual’s needs are required. The Scottish Public Health Network (ScotPHN) group has recently reviewed the evidence for screening and contains more information.¹
- Greater consideration of hard to reach groups such as the most deprived and those of particular high-risk ethnic groups should be incorporated into any healthy lifestyle interventions.

As described above community pharmacies are ideally placed due to their location within local communities to provide healthy lifestyle advice and also through polypharmacy reviews of patients’ medications help support prevention of development of diabetes.

4. **Are the services and Diabetes Improvement Plan 2014 being measured and evaluated in terms of cost and benefit?**

NHS Boards through their Diabetes MCN’s report their performance against the 12 diabetes quality improvement and outcome measures detailed in the Diabetes Improvement Plan. Also MCN’s use this information to identify areas and set targets for improvement.

Very intensive lifestyle interventions to improve risk factors such as obesity can be very effective but are also expensive in the short term due to the large numbers of individuals who would benefit from this. Therefore population-based approaches may produce greater cost-benefit for prevention and management of type 2 diabetes and also other co-morbidities prevalent in this patient group such as cardiovascular disease.

A public health specialist pharmacist is currently developing a social prescribing physical activity which is being monitored and evaluated in one health and social care partnership. This uses co-production between link workers and volunteers to provide peer support and motivation in the community. This public health initiative will target various groups including those with type 2 diabetes or at high risk of developing the disease. Further information will be available in due course and we would be happy to update the committee once available.