



## **Citywide Online Locality Forum Engagement Session: Living with Diabetes And Parkhead Hub Update**

Tuesday 30 November 2021 from 10.00am -12 noon

### **Background**

A questionnaire was sent out to all LEF members and stakeholders at the beginning of 2021 to seek views on their engagement priorities. One of the topics they wanted was a session on the causes and treatments for Diabetes.

Physical distancing during the Covid pandemic has created challenges for traditional ways of seeking the views and experiences of people who access health and care services. The decision was taken to hold virtual session using micro soft Teams platform. A flyer was produced with information of the session, contact details and distributed through community mailing lists, face book, and twitter. Twenty two people from the community, Third sector, Locality Engagement Forums and HSCP joined the session on 30 November 2021.

Dominique Harvey, Head of Planning Children's Services & North East Health Social Care Partnership (HSCP) welcomed everyone to the Session.

**Presentation – Diabetes Services:** Lynsey Cobain and Clare Patton, Diabetes Specialist Nurses, GC HSCP

The first part of the session Lynsey and Claire explained the difference between Type 1 and Type 2 diabetes common symptoms and causes and provided advice on available treatments and advice on self-management. They also spoke about the role and remit of the specialist diabetes nurse. There was an opportunity for people living with or caring for someone with diabetes to ask questions they might have about the condition summary of the questions below. Power Point presentation attached.

**Comment:** John Ferguson said as a Type 1 diabetic that it's not the end of the world and you can live a full and active life with diabetes. You just have to keep it under control by losing weight, healthy eating, and keeping active and monitoring sugar levels. His concern was the reduction in support services such as the Podiatry service as they no longer cut toe nails for people with diabetes. People have to do it themselves if they are able to or pay for them to be cut - however not everyone has

the finances to pay privately for this service. You need to look after your feet if you are diabetic.

**Answer:** Clare advised that feet screening is every 2 years. Michele Blair, Community Links Worker, advised the Podiatry service are prioritising patients with wounds but are working towards seeing more patients face to face.

**Comment and question:** Maggie told the meeting about her elderly mother who is extremely anxious about her diabetes. Recently she was unable to get her medication (Metformin) in the powder format and the tablet substitutes are very large and difficult to swallow which added to her distress. She felt every two years for feet screening was inadequate and recently bruising has appeared on her mother's ankles. The GP has requested she took a photograph of the bruising and email it to the practice but not everyone has the ability or equipment to do this. Is there a support group that her mum could join to talk about her anxiety and how to manage her diabetes?

**Answer:** Alison Grant, Diabetes Scotland, advised that there is the National Diabetes Helpline that Maggie's mother could contact and there is online support group if she has the equipment and access online. There were face to face support groups in Glasgow but they stopped meeting during the pandemic.

Also it was recommended that she contact her GP again to look at the bruising or if she has any worries – GP's are still seeing patients face to face

**Presentation: National Perspective** - Alison Grant, Regional Engagement Manager, Diabetes Scotland

Alison described the impact diabetes was having across Scotland with over 312,000 people living with the condition and people with diabetes accounted for 20% of the hospital deaths during the first wave of the pandemic. The main aims of Diabetes Scotland was to provide raise public awareness, provide information and support for people with diabetes and their families, summary of the questions below. Power Point presentation attached

**Question:** How do you join the online support groups?

**Answer:** Contact [scotland@diabetes.org.uk](mailto:scotland@diabetes.org.uk)

**Question:** People only get their blood sugars tested once a year and this can make people very anxious and worry that it's too high or too low. Is there equipment that they can buy to test blood more regularly and what would you recommend? Is it good to test your blood more regularly?

**Answer:** Clare advised that how often a person gets their blood monitored depends on the treatment they are on – is it insulin or tablet controlled - and health factors. In her opinion here is limited benefit of testing bloods often as it is a snapshot at that point in time and she wouldn't recommend purchasing a kit. However if there was a change in a person's health and/or there is a change in medication you can request to get your blood glucose (HBA1c) tested every 3 months

Alison advised to wary of websites and should use reputable website such as My Diabetes, My Way or Diabetes UK – [www.diabetes.org.uk](http://www.diabetes.org.uk) People can also contact Diabetes Scotland Helpline – details lists on presentation.

The final presentation on the new NE or Parkhead HUB was introduced by Dominique who was very pleased to announce that work would start on the site in Jan/Feb 2022 The final name of the building will be decided next year after community consultation.

**Presentation: North East Health & Social Care Hub Update** - Gary Smithson, Senior Project Development Manager, Hub West Scotland,

Gary explained how the Community Benefits Programme is contributing to a range of local outcomes relating to employability, skills and tackling inequalities. Some of the Initiatives that have taken place so far have involved pupils from both St Andrews and Whitehill Secondary, who with the support of the main contractor recently completing work on the outdoor class room at Parkhill Additional Support Needs School.

Gary also spoke about the Helping Hands Initiative created to support an identified local community project or group with materials and labour to support the upgrading of an existing community facility identified by local stakeholders. The project requires being of a scale which can be completed within 5 working days, and which does not require any major alterations to the facility. The selection panel have shortlisted 3 projects and referred these to the Hub Executive group for approval.

**Comment:** Margaret Walker, Glasgow City HSCP, felt that the initiatives involving Glasgow Kelvin College and local schools in Community Benefits was very encouraging and would have a positive impact in local communities.

Jackie Shearer –NE HUB Arts Worker - introduced herself to the audience and advised that she was employed to work on developing an Art Strategy for the new building. An Art Strategy can help with way finding, reduce clinical feel and make the building more welcoming.

## **Close and Thanks**

Dominique thanked all the presenters for their input which produce a very interesting and informative session. She reassured the audience that the slides and report would be sent out over the next couple of weeks and thanked the participants for their involvement and attendance at the engagement session.

# Diabetes Awareness

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Lynsey Cobain & Clare Patton  
Community Diabetes Specialist nurses  
30<sup>th</sup> November 2021

## Topics

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- What is diabetes?
- Different types of diabetes
- Common symptoms
- Causes
- Self management/Treatment
- Role of cDSN

## What is diabetes?

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“Diabetes Mellitus is a lifelong condition in which the amount of glucose (sugar) in the blood is too high because the body’s way of converting glucose into energy is not working as it should”

Diabetes UK 2014



## Statistics

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- There are currently almost 3.8 million people diagnosed with diabetes in the UK (301,523 in Scotland).
- There are thought to be around 1 million people who are undiagnosed.
- Around 90% of cases are type 2 and 10% are type 1.

## Types of diabetes

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- Type 1
- Type 2
- Secondary diabetes (caused by disease or damage to the pancreas)
- Gestational diabetes (diabetes in pregnancy)
- MODY (Mature Onset Diabetes of the Young)
- LADA (Latent Autoimmune Diabetes in Adulthood)
- <https://www.diabetes.org.uk/diabetes-the-basics>

### Type 1 (10%)

Usually occurs under the age of 30

Slim

Acute onset

### Type 2 (90%)

Usually over the age of 30

Family History

Generally overweight

Have had diabetes during pregnancy

Ethnicity

## Symptoms

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- None
- Increased thirst
- Increase in urination
- Thrush
- Fatigue/weakness
- Delayed wound healing
- Blurred vision
- Numbness or tingling in hands or feet
- Weight loss

## Causes

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### Type 1

- Autoimmune condition (virus attacks and destroys Beta Cells)
- Family history – increased risk but small
- No lifestyle factors effect diagnosis

## Causes

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### Type 2

- Overweight
- Lifestyle factors
- Genetics (greater chance if mother or father had Type 2)
- Genetic influences – race ethnicity
- Sedentary lifestyle
- Insulin resistance

## Insulin resistance

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- Cells of the body don't respond properly to the hormone insulin.
- Insulin resistance may be part of the metabolic syndrome
- Insulin resistance is the driving factor that leads to type 2 diabetes, gestational diabetes and pre diabetes.
- The causes of insulin resistance include both genetic (inherited) and lifestyle factors.

## Visceral fat

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- "Skinny fat" refers to a slender body type
- Visceral fat grows around your organs instead of under your skin
- Diet is an important factor in your risk for diabetes. Even if you're thin, a poor diet can still result in visceral fat.

## Treatment

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**Type 1** - insulin

**Type 2**

- A healthy diet & lifestyle (the cornerstone of treatment) this should be tailored to suit individual lifestyle, cultures and habits
- Healthy diet & lifestyle, plus tablets
- Healthy diet & lifestyle, tablets plus insulin and/or other glucose lowering injectable therapy
- Healthy diet & lifestyle, plus insulin

## Self Management/Lifestyle

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- Referral to dietician.
- Self referral to Glasgow Weight management Service. There are two routes to take:
  1. Free weight watchers classes in your local area
  2. Bariatric surgery
- Referral by GP to Live Active for access to exercise classes. People are supported to become more physically active, building confidence and setting goals. Tailored to each individual.

## Long term complications

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- Kidney disease – Nephropathy
- Eye damage – Retinopathy
- Nerve damage – Neuropathy
- Heart disease
- Stroke
- Peripheral Artery Disease

## Screening

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- All patients with diabetes should be reviewed at least annually by their diabetes team, GP or PN or more often if treatment changes
- Type 1 patients are normally reviewed in secondary care (although not always)
- Type 2 patients are normally reviewed within their own GP practice

### Retinal Screening programme

- You will be invited to attend for eye screening every two years.



## What happens at your annual review?

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- Clinical history taken, measurement of blood pressure, height, weight & BMI
- Blood glucose results discussed (Glucose, HBA1c, & cholesterol)
- Urine sample tested for microalbuminuria
- Medication review, including compliance with therapy (if on insulin or GLP-1 injections- check of injection sites)
- Review of diet and lifestyle, sexual health, mood
- Foot risk screen carried out by trained HCA, GP, PN or podiatrist
- Treatment plan and personal goals agreed, targets set with patient for health in coming year

## Useful websites

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Mydiabetesmyway.scot.nhs.uk is an interactive diabetes website to support people who have diabetes and their family and friends.

[www.diabetes.org.uk](http://www.diabetes.org.uk) Diabetes UK charity website with accurate and reliable information and resources.

## Role of DSN

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- Provide a service for the management of people living with type 2 diabetes in primary care
- Provide a service for patients living with type 1 who do not attend secondary care
- Assessment of patients
- Provide specialist intervention
- Alteration of Diabetes therapy
- Initiation/Titration of Insulin/GLP-1 therapy
- Optimise control in patients with hyperglycaemia
- Review patients with recurrent/unexplained hypoglycaemia
- Provide education to health care professionals and student nurses

# Presentation to locality engagement session

Alison Grant, Diabetes Scotland Engagement Manager

**DIABETES  
SCOTLAND**  
KNOW DIABETES. FIGHT DIABETES.

## Statistics

Over 312,000 people in Scotland live with diabetes.

10.7% type 1

87.9% type 2

People with diabetes accounted for 20% of hospital deaths during 1<sup>st</sup> wave of the pandemic in Scotland.

**DIABETES  
SCOTLAND**  
KNOW DIABETES. FIGHT DIABETES.

## What we do

Working to raise awareness, improve care and provide help, support and information for people with diabetes and their families across Scotland.

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SCOTLAND**  
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# Help, Support, Information

- **Helpline:** Call 0141 212 8710\*, Monday–Friday, 9am–6pm  
Email: [helpline.scotland@diabetes.org.uk](mailto:helpline.scotland@diabetes.org.uk)
- **Online support forum:**  
<https://www.diabetes.org.uk/how-we-help/community/diabetes-support-forum>
- **Learning Zone:**  
<https://learningzone.diabetes.org.uk/>
- **Website:** [www.diabetes.org.uk](http://www.diabetes.org.uk)



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# Help, Support, Information

Peer Support and  
Local Groups  
Youth Peer Support  
project

Tech Collective

Focus Groups

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# 100 years of insulin

**100**  
YEARS OF INSULIN

Supporting Scotland's  
leading research  
institutions

5 Online webinars.  
Next event: 'Why  
have I got diabetes?'  
Wednesday 1<sup>st</sup>  
December  
6 – 7.45 pm

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# Diabetes network

- [New Diabetes Network - Health and Social Care Alliance Scotland \(alliance-scotland.org.uk\)](https://alliance-scotland.org.uk)
- Phone 0141 404 0231 and ask for Louise Rogers.



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## Contact details

Please follow us on social media:

@DiabetesScot

For more information on any of the opportunities in the presentation please email: [scotland@diabetes.org.uk](mailto:scotland@diabetes.org.uk)

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