



Dearadh agus Nuálaíocht Chliniciúil; Oifig an Príohoifigeach Cliniciúil  
Ospidéal Dr. Steevens, D08 W2A8  
R: [clinicaldesign@hse.ie](mailto:clinicaldesign@hse.ie)

Clinical Design & Innovation; Office of the Chief Clinical Officer  
Dr Steevens' Hospital, D08 W2A8  
E: [clinicaldesign@hse.ie](mailto:clinicaldesign@hse.ie)

29<sup>th</sup> April 2021

Deputy Alan Dillon, TD  
Dáil Éireann  
Leinster House  
Kildare Street  
Dublin 2

**RE: PQ 20450/21**

**To ask the Minister for Health his plans to extend the chronic care model; if it will be extended to all persons with diabetes; and if he will make a statement on the matter**

Dear Deputy Dillon,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Clinical Programme for Diabetes and I have been informed that the following outlines the position.

The HSE Winter Plan 2020 <sup>(1)</sup> included provisions to commence a targeted reform programme, in line with the vision set out by Sláintecare, known as the 'Enhanced Community Care Programme' (ECCP). This programme aims to resource and scale-up community healthcare services, including specialist chronic disease (Diabetes, Cardiology, and Respiratory) services in line with the National Framework for the Integrated Prevention and Management of Chronic Disease <sup>(2)</sup>.

As part of this initiative, funding has been secured to appoint specialist community diabetes teams to cover all community health networks across the country. These specialist diabetes teams are comprised of:

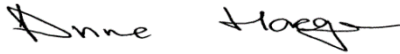
- Clinical Nurse Specialists (CNS), Diabetes Integrated Care;
- Senior Dietitians (Diabetes);
- Staff Grade Dietitians (Diabetes Prevention);
- Clinical Specialist, Senior and Staff Grade Podiatrists (Foot Protection).

These teams will work with and support their colleagues in General Practice and Secondary Care to develop and implement ambulatory care pathways, in addition to managing complex diabetes care and associated co-morbidities, within the community setting, where appropriate and in line with the Model of Integrated Care for Type 2 Diabetes <sup>(3)</sup>.

This initiative will be implemented in two phases. Recruitment for diabetes posts secured in Phase 1 (approximately 150 WTE) is underway currently.

I trust this information is of assistance to you, but should you have any further queries please do not hesitate to contact me.

Yours sincerely



---

**Anne Horgan**  
**General Manager**

1. HSE Winter Plan 2020 is available here: <https://www.hse.ie/eng/services/publications/winter-planning-within-the-covid19-pandemic-october-2020-april-2021.pdf>
2. National Framework for the Integrated Prevention and Management of Chronic Disease is available here: <https://www.hse.ie/eng/about/who/cspd/icp/chronic-disease/documents/national-framework-integrated-care.pdf>
3. Model of Integrated Care for Type 2 Diabetes (HSE, 2018) is available here: [model-of-integrated-care-type-2-diabetes-2018.pdf \(hse.ie\)](https://www.hse.ie/eng/about/who/cspd/icp/chronic-disease/documents/model-of-integrated-care-type-2-diabetes-2018.pdf)