

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

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16th April 2021

Deputy Roisin Shortall, TD Dáil Éireann Leinster House Kildare Street Dublin 2

RE: PQ 16734/21

To ask the Minister for Health the steps being taken to improve the prevention and treatment of diabetes, in particular for the lower income area; if his Department has carried out studies in relation to the link between socioeconomic background and the prevalence of diabetes; and if he will make a statement on the matter.

Dear Deputy Shortall,

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 on your question and have been informed that the following outlines the position.

Research has demonstrated the relationship between socioeconomic status and type 2 diabetes and it is well documented that type 2 diabetes is more prevalent in lower socioeconomic groups within Western societies ^(1, 2). In addition, we know that prevention of type 2 diabetes remains particularly important among socioeconomically deprived populations ^(1, 3). The National Clinical Programme (NCP) for Diabetes acknowledges that, in order to maximise the potential of a National Diabetes Prevention Programme, specific consideration should be given to socioeconomic factors and, in particular, this programme should target, encourage and facilitate participants from lower socioeconomic groups and deprived areas as appropriate. The NCP Diabetes is not aware of any research currently underway within the Department of Health that focuses specifically on the link between socioeconomic background and the prevalence of diabetes.

There are a number of national initiatives in operation and in development within the HSE to help prevent, identify and treat people with type 2 diabetes including those listed below. All of these initiatives are being implemented nationally, on a population basis, to ensure coverage of diabetes services for the entire country, thus encompassing lower income areas.



- A national framework for Making Every Contact Count (MECC) focusing on the primary
 prevention of chronic disease including diabetes. Further information available here: Making Every Contact Count HSE.ie
- The National Clinical Programme for Diabetes recognises the importance of developing a targeted, evidenced-based diabetes prevention programme, for those individuals with laboratory tests indicating pre-diabetes. In 2019, an application to the Sláintecare Integration Fund to progress development of a National Diabetes Prevention Programme (DPP) was successful. This project commenced in January 2020. It was paused temporarily due to the COVID 19 pandemic but recommenced in November 2020. The pilot DPP will commence delivery in Q2 2021. National rollout will progress throughout 2021.
- Implementation of the new Chronic Disease Programme as part of the GP contractual reforms (2019). The aim of this programme is to take a population level approach to prevention and management of chronic diseases that will benefit over 430,000 GMS / GPVC patients. It will result in improved management of type 2 diabetes in general practice, early detection of complications or new conditions reducing the risk of worsening health and/or hospital admissions and detection of patients at-risk of developing type 2 diabetes with the aim of prevention. Further information available here: Chronic Disease Management
- The HSE published the Model of Integrated Care for Type 2 Diabetes Mellitus (T2DM) in 2018 (Accessible here: model-of-integrated-care-type-2-diabetes-2018.pdf (hse.ie)). A major focus of this model of care is bringing specialist care that historically would only have existed in a hospital setting into the community. To support the implementation of this model, the National Clinical Programme for Diabetes has overseen the recruitment of community posts including clinical nurse specialists (CNS), dietitians and podiatrists. These specialist supports to primary care serve as an integrating force between primary and secondary care, allowing patients with more complicated T2DM to be managed in the community closer to their homes. There are currently 37 whole time equivalents (WTE) specialist nursing posts allocated by the HSE across nine Community Healthcare Organisations (CHOs) in Ireland. Eighteen community dieticians, along with one clinical specialist dietician, have also been appointed, distributed throughout the nine CHOs. In addition, nine community podiatry posts were approved and filled.
- The HSE Winter Plan 2020 (Accessible here: https://www.hse.ie/eng/services/publications/winter-planning-within-the-covid19-pandemic-october-2020-april-2021.pdf) 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 and diabetes services within the community setting. This programme will result in specialist diabetes community teams (Clinical Nurse Specialists; Diabetes Dietitians; Diabetes Podiatrists) being appointed to cover all community health networks across the country. Roll-out of the Enhanced Community Care Programme commenced in Q4 2020.



- Needucing the number of diabetes-related amputations is a major goal of the NCP Diabetes. Over the past number of years, the HSE has appointed 31 new diabetes specialist podiatrists. The first 22 of these posts have been deployed in the acute (hospital) setting with a focus on dealing with the management of patients with active foot disease. As mentioned above, nine community podiatry posts were also appointed to the community setting, focusing on foot protection. The NCP Diabetes is currently finalising an update to the Diabetic Foot Model of Care and along with the roll-out of the ECCP, expects that there will be a significant increase in the numbers of diabetes podiatrists working across the country.
- For those diagnosed with type two diabetes, the HSE provides specialised self-management education courses. The HSE currently supports three interactive group courses for people with type 2 diabetes: DISCOVER Type 2 diabetes, DESMOND and CODE. During the COVID-19 global pandemic, these education courses are been delivered in an online format. Further information on these courses is available here: Diabetes support courses HSE.ie.
- A national framework for Self-Management Support (SMS) enabling those living with chronic conditions (including diabetes) to manage their own conditions and focus on secondary prevention. Further information available here: <u>Self-Management Support for Long-term</u> <u>Health Conditions - HSE.ie</u>

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

References

- 1. Kyrou, I., Tsigos, C., Mavrogianni, C., Cardon, G., Van Stappen, V., Latomme, J. and Manios, Y. (2020). Sociodemographic and lifestyle-related risk factors for identifying vulnerable groups for type 2 diabetes: a narrative review with emphasis on data from Europe. *BMC endocrine disorders*, 20(1), pp.1-13.
- 2. International Diabetes Federation, 2019. IDF Diabetes Atlas Ninth Edition. Accessible here: https://diabetesatlas.org/upload/resources/material/20200302_133351 IDFATLAS9e-final-web.pdf
- 3. Read, S.H., Kerssens, J.J., McAllister, D.A., Colhoun, H.M., Fischbacher, C.M., Lindsay, R.S., McCrimmon, R.J., McKnight, J.A., Petrie, J.R., Sattar, N. and Wild, S.H., 2016. Trends in type 2 diabetes incidence and mortality in Scotland between 2004 and 2013. *Diabetologia*, *59*(10), pp.2106-2113.

