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Deputy Paul Kehoe, TD
Dáil Éireann
Leinster House
Kildare Street
Dublin 2

RE: PQ 46625/21

To ask the Minister for Health if he will provide funding to appoint a 0.5 whole-time equivalent clinical psychologist to each acute hospital diabetes paediatric diabetes team; his views on whether psychosocial support in paediatric diabetes care should be available in each team; the reason there is no access to this support outside of Dublin-based paediatric diabetes services; and if he will make a statement on the matter

Dear Deputy Kehoe,

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 Children (incorporating Paediatric Diabetes) on your question and have been informed that the following outlines the position.

The *Model of Care (MoC) for Paediatric Healthcare, Chapter 23 Diabetes and Endocrinology*, outlines (page 17-19) how Paediatric Diabetes Services should be configured regionally to ensure that each affected child and family has access to a trained multidisciplinary team (MDT) in their region. The MoC also included a gap analysis.

The Model of Care (launched 2016) recommended that psychology be integrated into each regional multidisciplinary team (caring for at least 150 patients with diabetes), as this expertise and support is critical to optimal outcomes and needs to be available regionally. The Model plans for teams in Dublin (outreach to services in Leinster), Cork (outreach to Tralee and Clonmel), Limerick, Galway (outreach to Ballinasloe and Castlebar), Drogheda (outreach to Cavan), Sligo (outreach to Letterkenny) and Waterford (outreach to Wexford, Kilkenny - this South East configuration is across hospital groups).

Each service delivering regionalised care needs a trained multidisciplinary team (consultant with training in diabetes, clinical nurse specialists, dietitians and mental health professionals) and the ratios required are outlined (0.5 WTE psychologist per 150-200 patients with Type 1 Diabetes Mellitus [T1DM] in a regionalised model). To date, investment in mental health professionals in all centres has been limited. The Dublin services, with very large patient numbers, have some (but inadequate)

psychology as part of the diabetes MDT. There have also been some appointments recently in other centres.

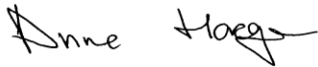
Where there are no mental health team members on the regional diabetes team, children who require support are referred to services depending on clinical presentation.

Current whole time equivalent (WTE) allocation of clinical psychologists to paediatric teams nationally are as follows:

- 0.5 WTE CHI at Crumlin for paediatric diabetes
- 0.5 WTE CHI at Temple Street for paediatric diabetes
- 0.5 WTE CHI at Tallaght for paediatric diabetes
- 0.5 WTE Regional Hospital Mullingar for paediatric diabetes
- 1 WTE general paediatric psychologist in each of University Hospitals Cork, Limerick and Galway - shared across paediatric services and not specifically appointed for care of children and young people with paediatric diabetes.

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

A National Model of Care for Paediatric Healthcare Services in Ireland Chapter 23: Paediatric Endocrinology and Diabetes Care

<https://www.hse.ie/eng/services/publications/publications/clinical-strategy-and-programmes/paediatric-endocrinology.pdf>