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19th November 2024

Deputy Richard Bruton, TD
Dáil Éireann
Leinster House
Kildare Street
Dublin 2

RE: PQ 44293/24

To ask the Minister for Health if he will provide details on the establishment of multidisciplinary diabetes teams, and the integrated model of care for diabetes patients, between hospitals and primary care providers; how this will ensure safe, high-quality, person-centred care for all individuals living with diabetes; and if he will make a statement on the matter.

Dear Deputy Bruton,

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 (NCP) for Diabetes on your question and have been informed that the following outlines the position.

The National Clinical Programme for Diabetes launched the Integrated Model of Care for People with Type 2 Diabetes earlier this year, which contains comprehensive details of the integrated care for these patients. Key to its implementation has been the establishment of Community Specialists Diabetes Teams (CSTs for Diabetes).

There are now 26 community chronic disease hub locations active nationwide. These teams can include endocrinologists, advanced nurse practitioners (ANPs), clinical nurse specialists (CNSs), dietitians and podiatrists. These teams work to provide community specialist ambulatory care to people living with Type 2 Diabetes. They community specialist teams support the GP in managing the management of more complex Type 2 Diabetes care in the community, through early access to specialist and multidisciplinary interventions.

Escalation of patient care to the hospital setting occurs when an individual's disease complexity warrants Level 3 or 4 acute care. The focus remains on delivery of person-centred care at lowest clinically appropriate level of complexity and so, there is an emphasis on facilitating the transition of patients from hospital-based care to primary care, when appropriate. The model is in line with the Sláintecare principle of providing the right care in the right place at the right time to people living with diabetes.

Data shows hospital waiting lists can be reduced by the work of a Community Specialists Diabetes Team. By way of example, I have been advised that there has been a 35% reduction in the Tipperary University Hospital new patient diabetes OPD waiting list over a one year period [between April 2023 and April 2024] since the establishment of an Integrated Care Multidisciplinary Clinic.

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