

Australian Diabetes Society

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The Peak Medical and Scientific Professional Organisation for Diabetes in Australia

Senate submission 240510:

The Australian Diabetes Society (ADS) is the peak diabetes health professional body in Australia representing a national perspective on medical management, scientific and research issues relating to diabetes. ADS provides health professional advice to Diabetes Australia and is a founding member of DA. ADS are pleased that new funds are to be directed to diabetes care by the recent Federal Government announcement in the Hospital/Health Reform Process. However, coordination and delivery of health care for people with diabetes requires a breadth of diabetes services in continuity, including to prevent hospital admissions for people with diabetes and its complications.

The hospital reform process poses major challenges – threats and opportunities- to the high quality supportive care offered to people with diabetes by Diabetes Centres in Australia. This is because (i) Diabetes Centres are typically ambulatory (outpatient) services attached to usually public hospitals and the reform process will impact on such service delivery sites in a major way; (ii) The hospital reform process in diabetes at a primary care level could well create a lack of appreciation that Diabetes Centres have essential roles to play in care of people with diabetes, that are high level specialist services and support inpatient hospital care and also general practice care. These services are detailed below and include especially type 1 diabetes care and complicated type 2 diabetes care; (iii) A history of benchmarking and standards has helped to ensure a national approach to diabetes care in people with diabetes which could be further developed and consolidated to aid standards in diabetes care across Australia; and (iv) Primary care both from the GP and the Practice Nurse perspective requires upskilling due to the increased funding of both services related to chronic care and Diabetes Centres are ideally placed to deliver this.

Diabetes is an increasing, chronic, currently incurable disease requiring regular and ongoing lifestyle and medical care, self-management education and support. These elements must be individualised to each person's needs and circumstances throughout the continuum of life and the continuum of diabetes. There are a host of currently very stretched diabetes services which are needed to support personalised health care in people with diabetes.

The introduction of Diabetes Centres has across recent decades made a massive difference to reducing patient hospital admission for diabetes and continues to provide such key support in ambulatory patient care. Defined as a local or regional centre dedicated to the provision of diabetes education and care, and staffed by a trained and experienced diabetes team offering multidisciplinary specialist services working from committed accommodation within or linked to a general hospital, multiple diabetes centres exist in every state and territory across Australia. Twenty to thirty years ago at a time when the disease was much less prevalent, there were whole medical wards allocated to diabetes. The inpatient care was commonly to stabilise blood glucose, educate patients and their families, and commence and stabilise patients on insulin therapy. Now most units would only have a couple of patients in hospital at a time for diabetes as the primary cause for admission. This change is largely due to Diabetes Centres providing outpatient education and clinic services including ambulatory care and supporting patient self management, thereby **preventing the need for hospitalisations**. These roles remain core functions of Diabetes Centres today and include intensive insulin treatment care with in some cases insulin pump therapy.

The organ complications of diabetes contribute to many of the hospital admissions today, which are actually then under the care of other specialties, including cardiologists, renal physicians, and foot surgeons. Ten to 25% of hospital patients have diabetes and even though the vast majority of patients are admitted under other specialties, the diabetes team remains active in the care of these patients, preventing hospital complications

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and accelerating discharge from hospital. Diabetes centres also deliver high level ambulatory multidisciplinary care for people with diabetes. These functions include paediatric, translational/young adult, and pregnancy diabetes care, screening for diabetes complications and treatment of diabetic foot complications and progressive kidney and heart failure, and management of risk factors for cardiovascular disease including blood glucose, blood pressure and cholesterol. **Through provision of multidisciplinary specialist personalised health care for the person with diabetes, Diabetes Centres form a critical link in care between public hospital inpatient care and primary health care services.** Diabetes Centres typically serve the more severely affected, 'out of hospital' people with diabetes and related complications, helping to enable the majority people with the disease to stay in the community and preventing progressive deterioration in diabetes complications.

However Diabetes Centres are now under severe stress, with increased demand and very little increase in resources in the last 10 years, and in some places, especially in NSW, reductions in staff. Diabetes Centres are a service proven to prevent hospital admissions, but they are not being adequately supported. The National Association of Diabetes Centres, which is underpinned by ADS and the Australian Diabetes Educators Association (ADEA), have been collecting benchmarking data through the Australian National Diabetes Information Audit and Benchmarking Project (ANDIAB), supported by funds including from the Federal Government, which is showing improvements in some outcomes amongst its patients over the last 10 years. The ADS and ADEA deliver leadership in care of people with diabetes including to general practice. This is evidenced by Diabetes Management guides for health professionals, and clinical care guidelines in care of people with diabetes. Diabetes Centres used to provide regular general practitioner and nurse training as well, but many Centres are no longer able to support this.

As part of a broad national based perspective to health care delivery in diabetes, Diabetes Centres require Federal enhancement funds directed to them. This is to sustain and develop Diabetes Centre services including in delivering consistent local leadership in diabetes care to general practice. Especially with the increasing burden of diabetes, NADC centres need to be adequately resourced for the increase in patient workload this will inevitably produce for educators, dietitians, diabetologists, podiatrists, and psychologists. There are some 60 member centres in the NADC, serving rural, regional as well as metropolitan populations.

It is proposed that NADC centres provide GP and practice nurse training with ADS and ADEA developed guidelines; I understand ADEA are to support this approach with a separate senate submission. GPs and practice nurses would be required to undergo this process to qualify for the new Federal Diabetes funding. A bonus outcome would be that it would help further build the relationship between the GP and local Hospital Diabetes Services in continuity in shared care. This has been shown to work (for example the RPAH model and Diabetes West model in NSW). NADC centres would need to be adequately resourced to provide this training (educators, specialist diabetologists, training co-ordinators). Finally, if supported, a commitment to develop linked IT between GPs and Diabetes Services would enhance communication and avoid duplication of pathology tests.

We trust that this communication has clarified that the ADS assert that diabetes services across the spectrum of diabetes care including in Diabetes Centres, are required to support management of people with diabetes and they need to be adequately funded in the Hospital reform process. The ADS look forward to being actively involved in any decision making process and Implementation Committee of funds allocation in diabetes health care including to NADCs.