

13 November 2019

**PRESS RELEASE**  
**Immediate Release**

**Diabetes Ireland highlights escalating cost of treating diabetes complications to TDs on World Diabetes Day**

Today, on World Diabetes Day, Diabetes Ireland is highlighting the escalating costs of treating avoidable diabetes complications to the Government and are calling for a critical review of current diabetes care costs to be undertaken.

TDs and Senators will hear that the total number of people living with diabetes in Ireland is estimated to be 225,840 and that the International Diabetes Federation estimates that by 2020 there would be 233,000 people with the condition and by 2030 there would be 278,850 people with the condition.

They will be told that the current cost of managing diabetes is estimated to be 12-14% (approximately €2 billion) of the annual health budget with very little of this spent on the prevention or effective self-management of diabetes. As a result many people with diabetes develop complications earlier and present to the health service with a range of complications varying from cardiovascular, stroke, renal, eye and foot complications. It is estimated that 65% of the annual diabetes health spend is on dealing with these complications with the remaining spend covering manpower, medication, blood glucose monitoring and ambulatory costs.

Speaking at the event, Dr Anna Clarke said that the short term focus on annual budgeting and cost savings generates a “silo” effect which unfortunately leads to sub optimal long term outcomes for people with diabetes leading to the earlier development of complications at huge extra cost to the exchequer and reduced quality of life for patients.

For example, figures obtained from the HSE and released today by Diabetes Ireland show a significant year on year increase in the number of people with diabetes admitted to hospital for lower limb amputation or foot ulceration treatment. The number of people admitted in 2018 was 3,378 up from 2,628 in 2017, an increase of 22% (750 patients) year on year whereas in other countries this is decreasing. In 2018, the largest increase was seen in Dublin with an extra 300 people admitted for treatment with Wexford close behind with an extra 190 people with diabetes admitted for treatment when compared with the equivalent 2017 data. What action has the HSE taken to address the obvious shortage of podiatrist posts in these areas?

The data also shows that in the period 2015-2018, there were 11,240 admissions of people with diabetes requiring lower limb amputation or foot ulceration treatment. At a conservative cost of €30,000 per admission this equates to over €330m. Research has clearly shown that with earlier detection and outpatient treatment up to 70% of these admissions are preventable. However, for the past 3 years, there has been no investment in HSE community podiatry services so it is inevitable that we will see an upward spiralling of diabetes related amputations and in patient foot ulceration treatment at huge cost to the government.

A 2018 HSE survey of all public hospitals recently set out the available manpower levels working in adult diabetes services. Using the data from this report and other available information, Diabetes Ireland estimates that the total manpower cost of the HSE for adult

diabetes services is less than €30m per annum to care for 220,000 adults with diabetes nationally. At these levels, there is simply no way the HSE can support the diabetes community to effectively manage their condition and as a result are paying a lot more money than is necessary for managing related complications.

The report stated that the WTE of Consultant Endocrinologists is estimated to be 72% lower than recommended international minimum levels with a similar 74% WTE deficit in dietitians, a 32% WTE deficit in podiatrists and a 19% WTE deficit in specialist diabetes nursing staff. Furthermore, it was also found that there was a WTE deficit of 95% in psychologists working in diabetes. This needs to be addressed, not in a scattergun approach historically seen but in a planned orderly process starting with the poorest performing areas and bringing them up to international resource standards.

As a pre-cursor to Slaintecare, the Government launched the Type 2 Diabetes Cycle of Care Service for holders of GMS Medical Cards and GP Visit Cards. Today, it is our understanding that there are approximately 80,000 eligible patients for this initiative and 90% of GPs signed up to provide the service. The initiative allows patients with Type 2 Diabetes to be managed in the community, by their own GP and the practice nurse they know, rather than in a hospital clinic thus allowing hospital resources to be freed up for more complex cases.

Diabetes Ireland was pleased to see this initiative launched. We saw the Cycle of Care as a first step in the provision of a structured diabetes service that must be extended to all people with Type 2 diabetes as soon as possible. The ability to have two diabetes management reviews each year should no doubt help detect any related health issues much sooner enabling earlier intervention thus improving quality of care for the individual. However, the reality is that we have no idea if the initiative is working because no evaluation has taken place.

Through the National Diabetic Retina Screen programme, we now have a database of around 200,000 people with diabetes who have registered for the programme. Yet, the HSE has not actively looked to use this database which has the potential to be developed into the country's first ever universal healthcare diabetes register. Continuing investment in this should be a priority as it will also enable us to audit services annually, place resources where needed most so we can achieve better outcomes and compare performance nationally and internationally.

“We need to critically look at the current cost of diabetes care with a view to working towards the development of a long term plan which has agreed cross party support for multi annual budgetary allocations so people with diabetes can get regular care and support to help them avoid developing the potentially devastating complications of poorly managed diabetes. We need to move away from the “silo” thinking and look at delivering a fully resources integrated diabetes service, otherwise diabetes is just going to cost more and more with funding spent in the wrong areas.” concluded Anna. ENDS.

### **Editors Notes**

For interview or further information, contact Ms Tess Clinch, Diabetes Ireland on 01 8428118.

**To see a “BY COUNTY” Breakdown of the Diabetes Related Amputation National Data, visit <https://www.diabetes.ie/diabetes-footcare-statistics-2018/>**

The most common cause of hospitalisation among patients with diabetes is diabetic foot disease (ulcer, infection, deformity, advances neuropathy and amputation). These are the most costly complication of diabetes. Foot disease affects mobility, quality of life and is associated with a high risk of lower limb

amputation. An Irish Study showed that the average inpatient hospital treatment of a diabetes related foot ulcer is €30,000.

Diabetes Ireland is the national charity dedicated to providing support, education and motivation to all people affected by diabetes. It also raises public awareness of diabetes and its symptoms and funds Irish-based research into diabetes.

<b>Cases with lower limb amputation with diabetes: Total</b>				
<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
443	458	519	547	640
	Increase by <u>15</u>	Increase by <u>61</u>	Increase by <u>28</u>	Increase by <u>93</u>

<b>Cases with foot ulcers without amputation with diabetes: Total</b>				
<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
1,720	1,948	2,309	2,081	2,738
	Increase by 228	Increase by <u>361</u>	Decrease by <u>228</u>	Increase by <u>657</u>