Diabetes Ireland
Pre Budget Submission

Diabetes Ireland

13 July 2021

2022

Eight Actions for Budget 2022

	Action	2022 Budget
	Development of a National Diabetes Registry is needed if we are to aspire to a delivery of high-quality diabetes care for all.	**Cost for 250,000+ people** **HSE to Estimate**
	Extend eligibility for the FreeStyle Libre® Flash Glucose Monitor system to adults with diabetes using intensive insulin therapy, based on clinical need.	**Cost for 4,000 adults** **€2.5M**
	Delivery of specialist community diabetes teams under the Enhanced Community Care Programme.	**Committed in the** **HSE Winter Plan**
	Development of psychology services for people with diabetes nationwide.	**Cost for 32 centres** **€3.2M**
	Extend the current Type 2 Diabetes Cycle of Care initiative deliverable at community level to all people with uncomplicated Type 2 diabetes.	**Cost for 40,000 adults** **€4.8M**
	Inclusion of women with Gestational Diabetes under the Long Term Illness scheme for the duration of pregnancy.	**Cost for 7,440 women** **€2.6M**
	Structured Education and Insulin Pumps for Adults.	**Cost for 20,000+ adults** **€1.2M**
	Provide easier access to Mortgage Protection Cover for people with diabetes.	**Cost for 17,000 adults** **€0**

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A. What is Diabetes?

Diabetes mellitus ("diabetes") is a lifelong condition caused by a lack, or insufficiency, of insulin. Insulin is a hormone – a substance of vital importance that is made by your pancreas. Insulin acts like a key to open the doors into your cells, letting sugar (glucose) in. In diabetes, the pancreas makes too little insulin to enable all the sugar in your blood to get into your muscle and other cells to produce energy. If sugar cannot get into the cells to be used, it builds up in the bloodstream. Therefore, diabetes is characterized by high blood glucose levels.

It is commonly understood that there are two "types" of diabetes, but this over-simplification has proven to be stigmatising and at any rate is not particularly helpful as treatment is contingent on what the body is doing with glucose, and there are a variety of underlying causes of poor glucose uptake. For example, a person with Type 2 Diabetes could require injections of insulin, something that is typically associated with Type 1 Diabetes, but which requires specialist training in its use.

This document characterises diabetes between "insulin deficient" (where the body does not produce enough insulin to manage blood glucose), and "insulin resistant" (where the body is unable to make effective use of the insulin in the bloodstream). These are commonly known as "Type 1 Diabetes" and "Type 2 Diabetes" respectively, but there are more than a dozen different types of diabetes.

To help avoid serious medical complications such as limb amputations, blindness, kidney dialysis, and death, people living with diabetes require access to medicines, diagnostic equipment, psychology supports, and education on how to self-manage their condition.

Group	Requires
People with insulin deficient (e.g. Type 1) diabetes	Regular expert diabetes review and referral pathway to other healthcare professional specialist areas.
People with insulin resistant (e.g. Type 2) diabetes, who have no complications	Regular review by community professional staff (doctor, nurse, dietitian) and referral to other community specialists e.g. podiatry and retinal screening.
People with insulin resistant (e.g. Type 2) diabetes, who have complications	Access to diabetes specialist multidisciplinary teams to address the resultant complex issues.
Women with diabetes during pregnancy	Specialist obstetric and diabetes care before and during the pregnancy to protect their and their child's health.

B. Budget 2022 Introduction

Diabetes Ireland is calling on the Government to take eight immediate actions to improve diabetes healthcare services, to improve the quality of life for people living with diabetes, and to reduce the long-term costs to the health service of diabetes complications.

Approximately €1 billion Spent on Diabetes Complications in 2019

Diabetes-related expenditure accounted for 10-12% of the 2019 HSE budget of €16 billion; an estimated 60% of this budget was spent on avoidable complications.

Diabetes Ireland supports the HSE National Clinical Programme for Diabetes which has defined a clear strategy for managing diabetes, based on more effective daily management, thereby reducing the development of serious acute and chronic complications associated with very significant healthcare costs.

Diabetes is a serious global public health issue which has been described by the WHO as the most challenging health problem in the 21st century with a high individual, social and economic burden. As a leading cause of morbidity and mortality, affecting over 225,000 Irish people, diabetes places a significant burden on society and presents a growing challenge for the national economy. Our national annual expenditure on diabetes is estimated to be 12-14% of the health budget with 60% of that budget spent on diabetes complications, many of which could be avoided with earlier detection and regular access to diabetes review appointments.

The high cost of diabetes is caused by the treatment of complications, as they increase cost by as much as five-fold. Uncomplicated diabetes on average increases health costs 1.5 times more than normal while the presence of microvascular (eye and kidney) complications doubles the cost, macrovascular (cardiovascular) trebles the cost and the presence of both microvascular and macrovascular disease increases costs five-fold.

There are different types of diabetes affecting the very young to very old, but all require regular medical review with frequency dependent on age and life issues. There is much evidence that more frequent medical review reduces health costs by preventing acute and chronic complications and inpatient hospital admissions. Without this level of care for all people with diabetes, acute and chronic complications are increasing, thus, a reorganisation of the current delivery of diabetes care is warranted.

In February 2021, the HSE Medicines Management Programme (MMP) completed an evaluation to identify preferred blood glucose test strips for adults with type 1 and type 2 diabetes mellitus, as part of the MMP's remit to support safe, effective, and cost-effective prescribing and launched new guidelines for healthcare professionals. Diabetes Ireland estimates that around €8-10m will be saved this year alone with similar or higher savings in future years. To date, none of these savings have been ringfenced for diabetes care.

C. Eight Actions for Budget 2022

The eight actions we are calling on the Government to build on existing Government programmes to tackle chronic conditions and are person-centred, cost-effective, and easy to implement.

	Action	2022 Budget
	Development of a National Diabetes Registry is needed if we are to aspire to a delivery of high-quality diabetes care for all	**Cost for 250,000+ people** **HSE to Estimate**
	Extend eligibility for the FreeStyle Libre® Flash Glucose Monitor system to adults with diabetes using intensive insulin therapy, based on clinical need	**Cost for 4,000 adults** **€2.5M**
	Delivery of specialist community diabetes teams under the Enhanced Community Care Programme	**Committed in the** **HSE Winter Plan**
	Development of psychology services for people with diabetes nationwide	**Cost for 32 centres** **€3.2M**
	Extend the current Type 2 Diabetes Cycle of Care initiative deliverable at community level to all people with uncomplicated Type 2 diabetes	**Cost for 40,000 adults** **€4.8M**
	Inclusion of women with Gestational Diabetes under the Long Term Illness scheme for the duration of pregnancy	**Cost for 7,440 women** **€2.6M**
	Structured Education and Insulin Pumps for Adults	**Cost for 20,000+ adults** **€1.2M**
	Provide easier access to Mortgage Protection Cover for people with diabetes	**Cost for 17,000 adults** **€0**

These actions align with the Sláintecare ten-year plan for reforming the Irish health system towards universal healthcare which aims to create a system where care is provided based on need, not ability to pay.

These actions also support the HSE National Clinical Programme for Diabetes strategy for managing diabetes (current & future patient cohorts) based on effective daily self-management and avoiding the development of chronic complications which in turn will make huge savings for the government.

Diabetes Ireland is calling for implementation of these actions as a matter of priority to support the ever-increasing diabetes population. This strategy needs political support and long-term year-on-year funding commitments for immediate implementation. This pre-

budget submission outlines some initial steps we can take in the short term to aid and support the development of this strategy.

i. National Diabetes Register

What are we Funding?

Implementation of a database to track the prevalence of diabetes, improve outcomes and determine the cost of providing care.

Budget 2022 Ask: € HSE to Estimate

Why Fund This?

The lack of a National Diabetes Registry hinders the HSE's ability to plan for diabetes, an increasingly common and costly chronic condition.

If Not Funded…

The HSE continues to blindly manage diabetes, and we do not understand the cost implications of policy decisions.

Highlights

1. We do not know how many Irish people have diabetes, nor where they live in the country.
2. We can only estimate national-level figures by using prevalence in other countries (e.g. Scotland)
3. The HSE struggled to manage rollout of COVID-19 vaccine to this priority group for lack of a register.
4. Lack of a register is highlighted at European level as major deficiency of our service (rank: 20 of 30).
5. Establishment of a registry would help with tracking the prevalence of the condition, measuring outcomes, and cost of care and planning for future services.
6. The registry could be a template for other chronic diseases.

ii. Flash Glucose Sensors (FreeStyle Libre®)

What are we Funding?

Extend eligibility for Flash glucose monitoring, the Freestyle Libre® to all people with diabetes, based on clinical need.

Budget 2022 Ask: €2.5m

Why Fund This?

This technology allows people using insulin to more effectively manage their blood sugar levels, and has been clinically demonstrated to reduce diabetes-related hospital admission.

If Not Funded…

Preventable serious diabetes complications will continue to harm those on insulin and consume HSE resources.

Highlights

1. Adults with diabetes over age 21 cannot access Flash glucose monitoring – this is estimated to be 75% of the type 1 diabetes population.
2. People with diabetes have been calling for wider access to this device since 2016
3. Flash Glucose monitoring allows users to see a more comprehensive profile of blood glucose levels to help people with diabetes and clinicians to make more informed diabetes management decisions which improves quality of life.
4. There is substantial body of clinical evidence demonstrating that the Flash Libre® system improves clinical outcomes for people with diabetes who intensively use insulin.

iii. Enhanced Community Care

What are we Funding?

Delivery of comprehensive specialist community diabetes teams under the Enhanced Community Care Programme (Sláintecare), which helps make community healthcare services more effective in managing chronic conditions inclusing diabetes.

Budget 2022 Ask: € Included in HSE Winter Plan

Why Fund This?

Community diabetes care is provided in line with the National Framework for the Integrated Prevention and Management of Chronic Disease.

If Not Funded…

Hospital resources remain under pressure from diabetes-related appointments and preventable acute complications.

Highlights

1. Comprehensive community and acute specialist teams will support GP colleagues to manage people with more complex diabetes issues in a community setting.
2. Care for diabetes, chest and heart conditions is integrated. Multiple hospital appointments in different departments are avoided.
3. Pressure on hospitals is reduced and the community setting may be perceived as more patient friendly.
4. Money has been allocated for posts which have long been identified as necessary.

iv. Psychology Services

What are we Funding?

Development of psychology services for people with diabetes.

Budget 2022 Ask: €3.2m

Why Fund This?

There is more than a 95% deficit in adult diabetes psychologists nationally; there are no diabetes paediatric psychologist services available outside of Dublin.

If Not Funded…

Lack of effective psychological support in diabetes has been clinically linked to a higher incidence of depression, anxiety, eating disorders, and other mental health disorders. It has also been linked with poorer diabetes outcomes, including complications and reduced employment opportunities.

Highlights

1. Good mental health and well-being are crucial in successful diabetes management.
2. Diabetes-related issues, such as diabetes distress and burnout can lead to deterioration in mental health and poorer diabetes management.
3. Diabetes Ireland wants to see funding of €3.2m made available to provide posts based on a 1 Whole Time Equivalent (WTE) of 250,000 population:
4. These posts would facilitate support of acceptance of diagnosis, improvement of diabetes self-management and addressing mental health comorbidities, assisting and training of diabetes teams and to offer people living with diabetes and their families equal and equitable access to psychological services.

v. Extend the Type 2 Cycle of Care Programme

What are we Funding?

Extend eligibility for all people with Type 2 diabetes to access free diabetes care through the General Practitioner services.

Budget 2022 Ask: € 4.8m

Why Fund This?

Since 2016, the service has been available to medical & GP visit card holders free of charge.

If Not Funded…

Many working-age people continue to use the free acute hospital services which struggle to provide proactive care, resulting in increased risk of diabetes complications.

Highlights

1. Nearly one third of people with diabetes over age 50 cannot access cycle of care (35 to 40,000 people).
2. If integrated care is to be clinically and cost effective it must be provided in the most appropriate setting and made available to all.
3. Affordable care would lead to more proactive care among uncomplicated diabetes patients.
4. Integrated comprehensive diabetes care such as this has been shown to reduce preventable hospital admissions.

vi. Gestational Diabetes on LTI

What are we Funding?

Restore Long Term Illness (LTI) funding supports to women with gestational diabetes (GDM).

Budget 2022 Ask: €2.6m

Why Fund This?

Essential that women with Gestational Diabetes (GDM) test frequently to avoid potentially serious health consequences for Woman & Baby. Access to the Long Term Illness (LTI) Scheme for duration of pregnancy supports best practice care for women with GDM.

If Not Funded…

Unmanaged gestational diabetes is associated with higher health risks to both the mother and unborn child.

Highlights

1. Women with GDM at higher risk of pregnancy complications
2. Infants at risk of higher birth weight and complications, including stillbirth
3. Approximately 7,440 women develop GDM each year
4. Increase in prevalence by 10-100% over last 30 years
5. Essential that women with GDM test frequently to avoid pregnancy risks
6. Delivery of best practice care impeded due to unforeseen costs

vii. Structured Education and Insulin Pumps for Adults

What are we Funding?

Confirmation that funding will continue to establish DAFNE centres and funding for the provision of diabetes insulin pumps specialist nurses.

Budget 2022 Ask: €1.2M

Why Fund This?

Structured education is the cornerstone of good diabetes management and Insulin pumps are required as a treatment option in certain circumstances.

If Not Funded…

Many more hospitalisations due to severe hypos, DKA and treatment of diabetes complications

Highlights

1. 55% of adults with type 1 diabetes do not have access to DAFNE diabetes structured education
2. 61% of adults with type 1 diabetes do not have access to insulin pump therapy as a treatment option
3. DAFNE is the cornerstone of diabetes management for people on MDI or Insulin pumps
4. Insulin pump uptake in adults with type 1 diabetes in Ireland is as low as 7% while internationally uptake averages between 15-20%.
5. Insulin pump therapy should be offered as a treatment option when health outcome targets are not being reached on injections or when the individual is extremely sensitive to insulin and requires very small doses and based on additional clinical need
6. DAFNE education has been proven to reduce hospital admissions significantly in the 12 months following completion

viii. Mortgage Protection Cover

What are we Funding?

Policy changes to support a scheme whereby people with diabetes will be able to secure mortgage protection cover after being denied by three insurers.

Budget 2022 Ask: €0

Why Fund This?

Around 17,000 people with diabetes may find it difficult to secure a home mortgage because their management of diabetes has been deemed "too risky" to insure.

If Not Funded…

Some people with diabetes will be unable to purchase a home.

Highlights

1. Currently the insurance industry, based on the results of a medical assessment, has the final say as to whether they wish to offer mortgage protection to a person being treated with insulin.
2. The proposed scheme states that an individual who has been turned down by three insurance companies will be given a mortgage protection offer from a fourth company, on a rotation basis.
3. This spreads the risk evenly over the whole industry.
4. Gives persons with diabetes who use insulin the choice to accept or decline a mortgage protection policy offer.
5. Huge advances in diabetes treatment and medications has reduced the level of risk.

D. Detailed and Supporting Information

i. National Diabetes Registry

Diabetes Ireland is calling for the creation and implementation of a National Diabetes Registry. Health services that aspire to deliver high-quality diabetes care need to know who lives with diabetes in their jurisdiction. **Ireland does not have a National Diabetes Registry**. Therefore, there is no accurate figure available for the number of people living with diabetes in Ireland. Initial steps towards this were previously funded, but funding was subsequently suspended with COVID-19. **The HSE would need to estimate the costs of this (largely ICT) project.**

The lack of a National Diabetes Registry represents a significant problem for our health service as we attempt to tackle diabetes, an increasingly common and costly chronic disease. Establishment of a registry **would help with tracking the prevalence of the condition, measuring outcomes and cost of care and planning for future services**. A National Diabetes Registry also has the potential to provide an architecture and approach for the subsequent development of a **national chronic disease registry**.

In 2014, **Ireland was ranked 20th of 30 European countries** in a Euro Diabetes Index survey with the lack of a diabetes registry highlighted as a major deficiency. This deficiency came into sharper focus recently when **the health service was unable to easily identify the diabetes population** as part of the COVID-19 vaccination programme.

In contrast to the situation in Ireland, our nearest neighbour, Scotland, maintains a National Diabetes Registry and can easily identify the diabetes population and track the prevalence of diabetes year on year. The most recent data from Scotland (taken from the Scotland Diabetes Survey 2018) are highlighted in the Table below. **The figures for Ireland are estimated based on the Scottish prevalence of diabetes** (5.6% of the total census population) and based on the Scottish prevalence of type 2 diabetes (87.9% of the total diabetes population) and type 1 diabetes (10.8% of the total diabetes population). Other (rare) forms of diabetes have not been included in the Table 1:

Country	Total (census) Population	Total Diabetes Prevalence	Type 2 Diabetes Prevalence	Type 1 Diabetes Prevalence
Scotland	5,424,800	304,375	267,615	32,828
Ireland (estimate)	4,761,865 (CSO, 2016)	266,664	234,398	28,800

Table 1 - Diabetes Prevalence

ii. Extend eligibility for Flash Glucose Monitoring (FreeStyle Libre®) to adults with diabetes based on clinical need

Adults over age 21 years, who manage their diabetes using insulin, either by multiple daily injections MDI or an insulin pump, cannot access the only Flash Glucose Monitor available in Ireland, the FreeStyle Libre®. This flash monitor offers a more comprehensive profile of glucose levels to help people with diabetes and clinicians to make more informed diabetes management decisions. **We are asking that the government extend access to the Flash Glucose Monitoring (FreeStyle Libre®) to all people with diabetes on MDI or an insulin pump (Type1, Type 2, etc.) based on clinical need.**

People with diabetes have been calling for the inclusion of Flash technology (FreeStyle Libre®) on the long-term illness scheme since 2016 when the device first became available in Ireland, the evidence of this can be seen in the hundreds of parliamentary questions submitted by TDs from then up to the present day. This did happen in 2018, but only for a very small cohort of the type 1 diabetes population and the community responded by organising a community led petition signed by 19,000 people, almost one signature for every person with type 1 diabetes in Ireland. Diabetes Ireland has supported the HSE in their review of the reimbursement scheme by submitting Irish clinical research and a user experience survey completed by 300 people self-funding their flash glucose monitors and yet we are still awaiting a decision on expanding the scheme two years later.

Flash (FreeStyle Libre®) Glucose Monitoring is one of the technologies designed to replace routine 'finger-stick' self-monitoring blood glucose (SMBG) for people with diabetes aged 4 or over, including pregnant women, who use multiple daily injections (MDI) or an insulin pump to deliver their insulin. These technologies also address many barriers with 'finger-stick' monitoring and their data sharing Apps allows clinicians, as part of virtual consultations, to effectively support people with diabetes under their care. This expanded use would provide a foundation to deliver efficient diabetes care post COVID-19 which can potentially reduce the need for face-to-face appointments. A recent Irish survey by Diabetes Ireland on the acceptability of virtual consultations with patients who took part in one during COVID-19 lockdown indicated that having this data saves time and leads to a deeper more productive consultation between the clinician and patient as there is greater understanding of glucose variability on which to base clinical decision making.

Furthermore, there is now a substantial body of clinical evidence including Randomised Controlled Trials (RCT), real world and observational studies demonstrating that the FreeStyle Libre® system safely improves clinical outcomes for people with diabetes. The Association of British Clinical Diabetologists (ABCD) FreeStyle Libre® UK Nationwide Audit involving 102 UK diabetes centres contributed, with over 10,000 users' data collected, reported that FreeStyle Libre® system users had significantly less paramedic call outs, hospital admissions and episodes of severe hypoglycaemia in the 7.5 month follow up period – admissions for hypoglycaemia reduced from 120 to 45 and admissions for hyperglycaemia/ DKA reduced from 269 to 86, comparing 12 months pre–FreeStyle Libre®

initiation to 7.5 months post. **The cost of a hypoglycaemia admission in Ireland is in the region of €1000.**

Irish based clinical evidence has been provided by a number of Irish diabetes centres plus a submission to the HSE (PCRS) by Diabetes Ireland which highlighted that adult with diabetes using the technology privately showed a 66% reduction in their blood glucose strip usage. This clinical evidence along with other analytical data provided by the PCRS was to be considered by the HTAG Review Team with a decision to be made by March 2020. Covid 19 has delayed this decision.

This mounting clinical evidence on the reduced hospitalisation costs and the massive improvements in the quality of life for people with diabetes should be a considerable factor in the decision to expand access to Flash Glucose Monitors.

Diabetes Ireland propose that funding for expanding access to people with diabetes be based on clinical need and be allocated from the estimated savings generated from the HSE Medicines Management Programme (MMP) evaluation to identify preferred blood glucose test strips which are estimated to be approximately €8-10m this year alone, and from offering choice to adults qualifying for Continuous Glucose Monitoring systems CGMs which share many of the features of the Flash (FreeStyle Libre®) but cost almost twice as much.

We estimate that the updated additional cost of Flash (FreeStyle Libre®) to be approximately €622 per person per year based on the 2017 HTAG and adjusted to reflect the February 2021 reduction in blood glucose monitoring strip price. If 4,000 adults were funded for Flash glucose monitoring in 2022 this would cost the HSE approximately €2.5 million. This does not consider any savings that could be made from potential reductions in hospitalisation for Flash (FreeStyle Libre®) users that have been seen in published clinical data.

Additionally, we also have been made aware of the fact that the age restriction of 21 years applied to the Flash (FreeStyle Libre®) eligibility criteria has led to a 200% annual increase in uptake of continuous glucose monitoring CGM in this age group since 2018. Both devices share many of the clinical need criteria but a CGM costs €1,000 more per person per year. This trend appears to be continuing in 2021. If Flash (FreeStyle Libre®) was an option for 1,000 people with diabetes in this age group, we estimate that the HSE would save €1.18 million annually on its current expenditure by removing the age restriction. This brings the total estimated cost of expanding Flash (FreeStyle Libre®) to 4000 people to €1.32 million in 2022. See Table 2 for a comparison of eligibility criteria between the two technologies:

Eligibility for Flash glucose monitor (FreeStyle Libre®)	Eligibility for Continuous Glucose Monitoring (CGM)
Patients using multiple daily injections of insulin or insulin pump therapy	3.6.23 For adults with type 1 diabetes who are having real-time continuous glucose monitoring, use the principles of flexible insulin therapy with either a multiple daily injection insulin regimen or continuous subcutaneous insulin infusion (CSII or insulin pump) therapy.
Patients who have increased blood glucose testing requirements (≥8 times daily)	Hyperglycaemia (HbA1c level of 75 mmol/litre [9%] or higher) that persists despite testing at least 10 times a day (see recommendations 3.6.11 and 3.6.12).
Frequent episodes of diabetic ketoacidosis (DKA) or hypoglycaemia which have included hospital admissions	More than 1 episode a year of severe hypoglycaemia with no obviously preventable precipitating cause. Frequent (more than 2 episodes a week) asymptomatic hypoglycaemia that is causing problems with daily activities. 3.6.24 Real-time continuous glucose monitoring should be provided by a centre with expertise in its use, as part of strategies to optimise a person's HbA1c levels and reduce the frequency of hypoglycaemic episodes. Complete loss of awareness of hypoglycaemia. Extreme fear of hypoglycaemia.
Children and young adults aged 4 - 21 years	No age restriction

Table 2 - Flash/CGM Eligibility Comparison

Diabetes Ireland is calling for Flash (FreeStyle Libre®) to be made available to all people with diabetes, who use MDI or an insulin pump (Type1, Type 2, etc.) to manage their diabetes based on clinical need and is asking that savings from the blood glucose strips be earmarked for adults who are deemed to clinically require the Flash (FreeStyle Libre®) by their diabetes teams and offset by the savings from offering choice. This will improve quality of life for the individual and further aid prevention of costly diabetes complications and make short and long-term savings for the health service.

iii. Enhanced Community Care Programme

The HSE Winter Plan 2020 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 (Diabetes; Cardiology; Respiratory) services in line with the National Framework for the Integrated Prevention and Management of Chronic Disease.

Diabetes Ireland welcomes and gives its full support to these reforms in care and requests that the allocated funding be ringfenced and not reduced in any way.

As part of this initiative, funding has been secured to appoint specialist community diabetes teams to cover all community health networks across the country. These specialist diabetes teams are comprised of:

- Clinical Nurse Specialists Diabetes Integrated Care
- Senior Dietitians (Diabetes)
- Staff Grade Dietitians (Diabetes Prevention)
- Clinical Specialist, Senior and Staff Grade Podiatrists (Foot Protection)

In addition to these community posts, funding was also secured for a *limited* number of specialist diabetes posts in the acute setting comprised of:

- Consultant Endocrinologist, Lead in Integrated Diabetes Care (2 in total linked to Cork University Hospital and University Hospital Waterford)
- Advanced Nurse Practitioners (Diabetes)
- Diabetes Dietitians (Mixture of staff grade and senior grade)

Community and acute specialist diabetes teams will work together to support their colleagues in General Practice to develop and implement ambulatory care pathways and to manage complex diabetes care, and associated co-morbidities, within the community setting (where appropriate) and in line with the Model of Integrated Care for Type 2 Diabetes.

The diabetes community support this model of integration for all people with diabetes and is calling for the community diabetes teams to be appointed.

iv. Development of psychology services for people with diabetes

Good mental health and well-being are the core of all aspects of life and are crucial in successful diabetes management. People living with diabetes face the burden associated with the condition every hour of every day. It requires continuous self-management and the necessity to make multiple medical decisions daily. This burden is reflected in the significantly higher incidence of depression, anxiety, and other mental health disorders, including eating disorders in the diabetes population when compared to other populations.

Some specific diabetes-related issues, such as diabetes distress and burnout, lead not only to significant deterioration in mental health but also to poorer diabetes management and outcomes. This in turn can lead to reduced motivation and capacity to deal with the responsibilities associated with diabetes which can result in a higher incidence of depression and the development of expensive diabetes-related complications and a reduced quality of life.

In the current social and economic circumstances within Ireland, the physical and mental health of people with diabetes of all ages is not at the top of any agenda. Although recognised by the HSE, psychosocial support in diabetes care is not formally embedded as part of diabetes management and not in line with diabetes-related health-services delivery in Ireland.

Presently, there is a 95% deficit of diabetes psychologists in adult diabetes services in acute hospitals and there is no access to dedicated diabetes psychology services in primary care. For children with diabetes, there is limited access to 3 paediatric psychologists within national HSE paediatric diabetes services, however, they are all based in Dublin with no access elsewhere in the country.

With so little resources available, the gap in access to psychological support for people living with diabetes in Ireland is significant whereas the need to assess and deal with the psychological burden is substantial. To address this huge gap, Diabetes Ireland wants to see funding of €3.2m made available to provide the following posts based on a 3 Whole Time Equivalent (WTE) per 250,000 population:

- 18 WTE clinical psychologists for Acute Diabetes Services nationally. This will give each acute hospital diabetes multi-disciplinary team (MDT) 1 WTE post.
- 0.6 WTE diabetes psychology resource allocated to each Community Diabetes Specialist Team Hub (32) under the Integrated Model of Care for the Prevention and Management of Chronic Disease Implementation Guide.
- 0.5 WTE clinical psychologist for each diabetes paediatric service nationally (14).

These posts will play a critical role in:

a) Supporting adjustment to an acceptance of the diabetes diagnosis.
b) Improving diabetes self-management through supporting behaviour change and adherence to diabetes care regimens and therefore reducing the prevalence of diabetes-related complications and mortality.

c) Addressing mental health comorbidities (e.g. depression, anxiety, diabetes distress, eating disorders) through individual and group psychotherapeutic intervention, as people living with diabetes are at much higher risk of serious mental health disorders.
d) Providing complex psychological formulation and neuropsychological assessment.
e) Assisting and training the diabetes MDT in psychological aspects of diabetes, recognition of psychological challenges and basic support provision.
f) Offer people living with diabetes and their families equal and equitable access to psychological services based on need, not ability to pay or geographical location, as in line with Sláintecare priorities.

v. Extend the current Type 2 Diabetes Cycle of Care initiative deliverable at community level to all people with uncomplicated Type 2 diabetes

Diabetes Ireland is calling for the Type 2 Diabetes Cycle of Care initiative be extended to all people with Type 2 diabetes. Currently about 35 – 40,000 people of working age and those who are retired and under 70 are locked out of this scheme. The roll out of the Cycle of Care to all people with Type 2 diabetes would remove the financial barriers that currently exist to managing uncomplicated diabetes in the community, reduce pressure on hospitals by reducing the numbers attending hospital and potentially reducing the number of complications arising from lack of regular care due to financial constraint.

Benefit to people with uncomplicated Type Two diabetes.

The Type 2 Diabetes Cycle of Care initiative was introduced in 2016 so that General Practitioners could deliver diabetes care to people with uncomplicated Type 2 diabetes holding a medical card or GP visit card in the community with support from community-based diabetes nurse specialists, dietitians and podiatrists, and who are guaranteed two visits a year for review of their condition at no cost.

However nearly one-third of people with Type 2 diabetes aged ≥50 years who appear to fit the HSE criteria for uncomplicated diabetes for are not eligible for the Cycle of Care (recent study, University College, Cork). These patients can be appropriately managed in the primary care setting rather than the more expensive hospital setting where they are not prioritised or seen as regularly as by their GP. Extending this scheme has the potential to offer equality of care for people with uncomplicated Type 2 diabetes through more frequent support and monitoring from their GP in a location convenient to their home and has the potential to improve their quality of life by reducing financial stress.

Integrated diabetes care such as this scheme has been shown to reduce preventable hospitalisations for diabetes-related complications. Structured approaches to diabetes care have demonstrated improvements in glycaemic management and cardiovascular risk factors but it can only be clinically effective, and therefore cost effective, if it is provided in the most appropriate setting for all people with diabetes.

Financial benefits

Up to 2019 this scheme had cost €34 million but, at its inception, it was estimated that it can save at least 25,000 hospital bed days per year and reduce the number of people with diabetes who develop diabetes related complications which are expensive to treat. (model-of-integrated-care-type-2-diabetes-2018.pdf (hse.ie) Extending care to the whole community of people with uncomplicated Type 2 diabetes would increase bed day and other savings within the hospital system.

The roll out of the Cycle of Care to all people with Type 2 diabetes would remove the financial barriers that currently exist to managing uncomplicated diabetes at the right time and in the right place. There is an opportunity through the Enhanced Community Care Programme to achieve this by extending the Cycle of Care to all people with Type 2 diabetes and Diabetes Ireland supports this proposal unreservedly.

vi. Inclusion of women with Gestational Diabetes under the Long-Term Illness scheme for the duration of pregnancy

Diabetes Ireland is **calling on the government to include women with Gestational Diabetes (GDM) on the Long-Term Illness (LTI) Scheme for the duration of pregnancy**. Since a decision by the then government in 2013/14, women who develop Gestational diabetes (GDM) are no longer entitled to reimbursement for blood glucose test strips under the long-term illness scheme and if they do not have a GMS card, they are required to pay for their blood glucose strips themselves, costing up to €114 per month, the maximum amount under the drugs payment scheme. Many women cannot afford this additional, unforeseen cost which can impede the delivery of best -practice care for women with GDM.

Each year in Ireland approximately **7,440 women develop GDM**. The International Diabetes Federation reports that one in six (16.8%) pregnancies are affected by diabetes worldwide and the majority (86.4%) are classified as GDM. Figures generally point towards an **increase in prevalence by 10–100% over the past 30 years**.

Women with GDM are at higher risk of developing serious complications such as pre-eclampsia, perineal trauma, or emergency caesarean delivery. **Infants of women with GDM are at increased risk** of higher birth weight with associated complications such as neonatal hypoglycaemia, jaundice, birth trauma and even stillbirth. Due to these higher risks and associated complications **it essential that women with GDM monitor their blood glucose levels frequently during their pregnancy** so that they and their diabetes team can individualise their treatment safely and appropriately.

The mainstay of treatment for GDM is lifestyle intervention and this is highly effective in some women. However, for many women, lifestyle changes are not sufficient, and they require insulin and extra monitoring of blood glucose levels.

Diabetes Ireland and The National Clinical Programme for Diabetes requests eligibility for reimbursement of Blood Glucose Test Strips to all women with GDM for the duration of their pregnancy.

vii. Structured Education and Insulin Pumps for Adults with Type 1 Diabetes

Over half of adults living with type 1 diabetes do not have access to DAFNE diabetes structured education, a vital training in enabling self-management of insulin dependent diabetes and one third of adults with type 1 diabetes do not have access to insulin pumps as a treatment option (NCG No17, 2018). **Diabetes Ireland is calling on government to ensure that funding to complete the current rollout of DAFNE Structured education centres continues in 2022.** In additional to this, **we are also recommending that one diabetes insulin pump nurse specialist be recruited for each of the DAFNE centres, where this position does not currently exist, to initiate insulin pump therapy for adults with type 1 diabetes.**

DAFNE Diabetes structured education

DAFNE Diabetes structured education is the cornerstone of diabetes management for adults with type 1 diabetes. The National Clinical Guidelines for Adults with Type 1 diabetes (2018) states that the clinical evidence DAFNE training provides results in a reduction in hospital admissions, "fewer long-term complications as a result of improved glycaemic control, reduced number of episodes of diabetic ketoacidosis (DKA) resulting in hospital admission, improved psychological adjustment to living with diabetes, improved undertaking of diabetes self-management behaviours, improved clinical outcomes".

The National Clinical Guidelines for Adults with Type 1 diabetes also highlights that over half (55%) of the adult type 1 diabetes population do not have access to diabetes services providing access to these specialised type 1 diabetes clinics. In 2018, there were 7 accredited DAFNE centres in Ireland with a plan for 11 additional centres in line with implementing the National Clinical Guidelines (NCG) for Adults with type 1 diabetes. So far in 2021, 5 of those additional centres have been established bringing the total to 12. We want to ensure that the remaining 6 centres become DAFNE licensed in 2022. This is 6 WTE at a cost of €0.3M.

Insulin Pumps for Adults

In addition to establishing DAFNE licensed centres, Diabetes Ireland is asking for one diabetes insulin pump nurse specialist for each of the 18 centres where this position is currently not in place to initiate insulin pump therapy for adults with type 1 diabetes.

An insulin pump offers greater flexibility to people with diabetes because the user can administer insulin more precisely than if on injection pens. **Uptake of insulin pump therapy is less than 7% in adults with type 1 diabetes** comparted to the internationally average which ranges from 15–20% in 2010. The NCG for Adults with Type 1 diabetes states that the percentage of diabetes services providing insulin pumps to adults with type 1 diabetes is 39%, meaning that over two thirds the population does not have access to this treatment option. One of the barriers identified to access was the lack of pump specialist nursing staff (Gajewska, 2020a). **Diabetes Ireland is asking for funding to secure a minimum of one WTE diabetes specialist pump nurse in all the 18 DAFNE certified diabetes centres where currently there are none to ensure equal access nationally.** This is 18 WTE at a cost of €0.9M.

Insulin pump therapy should be considered as a treatment option when health outcome targets are not being reached on injections or when the individual is extremely sensitive to insulin and requires very small doses and based on additional clinical need.

The clinical evidence on the benefits of insulin pump therapy is vast and have demonstrated improved glucose control, reduces glucose variability, reduction in hypoglycemia events and significant improvement in quality of life (ABCD DTN-UK 2018 and Berget et al. 2019).

With the advances in the development of sensor augmented closed loop "smart" insulin pumps these barriers to pump access present in significant problem for the health service in catching up to current international best practice in diabetes management.

Diabetes Ireland is calling on the government to ensure that funding to complete the implementation of DAFNE Structured education centres in 2022 is in place and also recommending that one diabetes insulin pump nurse specialist be recruited for each of the DAFNE centres, where this position does not exist, to enable the provision of insulin pump therapy as a treatment option for adults with type 1 diabetes.

viii. Mortgage Protection Cover for People with Diabetes

Diabetes Ireland regularly receive enquiries from people with diabetes in relation to difficulties in accessing mortgage protection and life cover. While the issues faced by people with diabetes pre-covid still remain, unfortunately COVID 19 has made the market even more difficult for people with diabetes seeking to purchase a new home. The issue was recently raised by TDs with the Minister for Finance who agreed to consider the issue.

People with Type 1 diabetes can expect to pay 200-450% more on their mortgage protection cover, depending on their diabetes management, while those with Type 2 diabetes can expect to pay 50-200% more. If it is a joint mortgage, only the person with diabetes will be loaded.

Mortgage protection cover is normally based on a medical examination where individuals are assessed against set criteria and rated accordingly. **Diabetes Ireland is seeking a change from the current system where the insurance industry**, based on the results of a medical assessment has the final say as to whether they wish to offer mortgage protection to a person being treated with insulin to one where the person has **the choice on whether to accept or decline an offer of mortgage protection with premium loadings**. At present, they do not have this choice and once declined it is very difficult for that person to obtain mortgage protection.

When an individual informs an insurance underwriter they have diabetes, different insurance companies and brokers will treat that person in different ways. Some will refuse to give a quotation while others may expect the person to undergo a full medical examination with a doctor and/or ask the person's GP to complete a medical report which the insurance company will pay for and much higher premiums are a given.

It is possible for a person with diabetes to get mortgage protection, but the premiums will depend on a number of factors such as the type of diabetes, the duration of diabetes, recent HbA1c readings, medications, Body Mass Index (are you overweight), if a person has existing diabetes complications and the person is a smoker.

Most people with diabetes who are looking for cover will find that their premiums will be loaded or rated to reflect the level of risk for an insurance provider and in some cases, cover will be declined. People with poor glycaemic management will find it extremely difficult and almost impossible to obtain mortgage protection. A simple measure of this is HbA1c which ideally should be under 53mmol/mol (or 7%). If it is above this, an individual maybe asked to return at a later date when they have improved their HbA1c. An individual may also be refused or delayed cover if some of the other health issues as outlined above are at play.

Although Diabetes Ireland is not happy with the set criteria on which the medical examination and ratings system is based, we are not advocating for change of the criteria. However, we are advocating that every person with diabetes be given the personal choice as to whether they wish to accept or decline an offer of mortgage protection rather than the current system where the insurance company make the choice for them.

Diabetes Ireland is proposing a scheme for mortgage protection cover whereby a person being treated with insulin who having been turned down for mortgage protection three

times by different companies will receive an offer of mortgage protection cover from a fourth company, identified by Insurance Ireland, on a rotation basis.

We fully accept that the insurance industry must look at individual cases from a commercial viewpoint and they see people with type 1 diabetes as a higher risk which could lead to poor claims experiences in some cases. For this reason, at present, underwriters will load the premium or decline the cover for those people.

With the huge advances and improvements in diabetes treatment and medications now available the risk of poor claims experience is much less than it was 5-10 years ago, and the risk will continue to reduce as treatments and medications are continually improved. We now have Continuous and Flash Blood Glucose Monitoring systems which have transformed the management of diabetes compared to 5-10 years ago.

It is well established that optimal blood glucose management reduces the risk of complications and allow people with diabetes to achieve a normal life expectancy free from these complications. The aim of medical treatment of diabetes is to achieve that potential as far as possible without adversely impacting on the quality of life for the person with diabetes and their family. It is our view that the current system for mortgage protection cover is not in line with this sensible approach.

It is estimated that there are currently 225,000 people with diabetes in Ireland and 10%-15% of these are being treated with insulin. Based on age profile, 50% of these, possibly with partners, will be looking for mortgage protection at some time in the future thus giving a market size of approximately 17,000 people with diabetes. This will create extra business for the industry with the minimal risk of poor claims experience evenly spread over the whole industry.

Under our proposed scheme there is no loss of competitive edge as all competitors will have to accept individuals with diabetes on a rotation basis. The benefit of such a scheme to the individual is that they will have a choice on whether to accept or decline an offer of mortgage protection cover. Having the choice will only impact positively on their future lifestyle and home life.

This system aims to be fair to all stakeholders. It looks to ensure that every person with diabetes could buy a home and raise a family in a safe and secure environment. It creates a fair marketplace and gives people with diabetes a choice they do not have at present.

Diabetes Ireland

Head Office: 19 Northwood House, Northwood Business Campus, Santry, Dublin 9, D09DH30

Phone: 01 842 8118
Email: info@diabetes.ie

Dublin Care Centre

19 Northwood House
Northwood Business Campus,
Santry, Dublin 9, **D09DH30**
Phone: 01 842 8118
Email: carecentre@diabetes.ie

Cork Care Centre

Enterprise House
36 Mary Street
Cork, T12 H6NH
Phone: 021 427 4229
Email: charlotte.pearson@diabetes.ie

Western Regional Office

1 Wine Street, Sligo
Phone: 071 914 6001
Email: wro@diabetes.ie