

- For the first time ever, **the development of a National Diabetes Strategy is included in the current Programme for Government.**
- At present, we are awaiting the **publication by the Minister for Health of the Department of Health's Diabetes Policy and Services Review report**, which examined current diabetes care and policies, identified gaps, challenges and opportunities to enhance patient outcomes and service delivery going forward.
- The report will propose **a number of recommendations for implementation over a 5 year period to 2030.** On behalf of the diabetes community, we are asking for new funding of approximately **€4m** to be made available in budget 2026 to begin implementation of the report's

THE FUNDING PRIORITIES FOR IMPLEMENTATION IN 2026 ARE TO:

PRIORITY

1) Develop Diabetes Leadership Positions in HSE Health Regions

PRIORITY

2) Provide Access to Mental Health and Psychological Support Services for People with Diabetes

PRIORITY

3) Ensure all people with a clinical diagnosis of Type 1 Diabetes have access to CGM

PRIORITY

1. Develop Diabetes Leadership Positions in HSE Health Regions

There are variations in the care offered to people living with diabetes. The establishment of the six HSE Health Regions offers a new opportunity to deliver equitable care services to people with diabetes regardless of their geographical location. To ensure that all people with diabetes receive the right care at the right place at the right time, each HSE Health region need to establish clear pathway and resource levels for access to all diabetes services (paediatric, pregnancy, acute and community).

Appointing Regional Leads for Diabetes Services to oversee the management and further development of diabetes services, co-ordinating efforts across all services, reporting through local structures to the REO, and linking with the National Clinical Lead for Diabetes **would enable implementation and standardisation of services.**

Pre-budget submission ask 2:

Create 0.4 WTE Regional Diabetes Lead post and 0.5 WTE Grade IV Admin support per HSE Health Region. The lead post can be open to a Consultant Endocrinologist/Registered Advanced Nurse Practitioner (rANP)/Senior Dietitian in diabetes, with at least 5 years experience in diabetes care. Costs estimated depend on the professional qualification of the Regional Diabetes Lead. The minimum (six rANPs) versus maximum cost (six consultant endocrinologists) vary from approx. €190,000 to €615,000.

Estimated cost for 0.5 WTE Grade IV Admins Support is €253,902 (€42,317 per region).

Estimated Cost in 2026: Between approx. €443,902 and €868,902 per annum



2. Provide Access to Mental Health and Psychological Support Services

In Ireland, **access to psychological support** for people living with diabetes is extremely **poor**. Although discussion and agreement on the inclusion of a Clinical Psychologist in the multidisciplinary diabetes teams (MDT) is recommended by the HSE Models of Care, as of yet, **there are no plans to embed psychologists** as part of diabetes teams around the country, which deviates significantly from international guidelines and practice standards for diabetes care.

Positive mental health and well-being are among the **key goals of and contributors to effective diabetes self-management** and overall **quality of life**. However, mental health problems within diabetes have been well documented as occurring more frequently than in people without diabetes, and according to systematic reviews, depression can be diagnosed in a lifetime of living with diabetes in as many as 40% of those with Type 1 diabetes, and 37% of women and 25% of men with Type 2 diabetes. The prevalence of eating disorders and disordered eating, as well as anxiety is higher in those with diabetes. Moreover, one in four people with type 1 diabetes and one in five of those with type 2 diabetes have **high levels of diabetes distress** and may be prone to **diabetes burnout**. In essence, **mental health challenges may result in very significant problems in managing diabetes, whereas the burden of managing the condition increases the risk of mental health challenges, wellbeing and effective long-term diabetes self management**. For some, psychological support is essential to live a healthy life with diabetes.

Cognisant of the high cost of adding a Clinical Psychologist to each multidisciplinary team nationwide and the recent development of ECC Community Hubs, **we are calling for the development of HSE Regional Diabetes Psychology Teams** to support training of MDT to recognise and offer support to people with mental health challenges and where the need is highest, provide a referral pathway to access one-to-one support at a regional level, and to offer supports in the longer term.

PRIORITY

→ **Pre-budget submission ask 2.1:**

To deliver a Diabetes Mental Health and Psychological Support Service, funding is required to develop six **Regional Diabetes Psychology Teams** consisting of:



1.0 WTE Senior Clinical Psychologist



2.0 WTE Clinical Psychologists



1.0 WTE admin support (per RHA)

Estimated Cost in 2026: Approx. €1.8m or €300,000 per HSE Health Region

With support from the HSE, Diabetes Ireland is developing “**Diabetes Mental Health and Wellbeing Group Support**” programmes for people with Type 1 and Type 2 diabetes and parents/carers of children with diabetes. These programmes provide access to a group-based, safe environment to enable participants share and discuss their diabetes-specific emotional burden and distress, and learn strategies to help them deal with the emotional impact of diagnosis, stigma, and distress of coping with diabetes.

The programmes should be ready for roll-out in 2026 and will support both Diabetes Acute and Multidisciplinary Community Hubs MDT teams without increasing their workload, and provide a pathway for their patients to access the appropriate programme. Diabetes Ireland will work with all the regional Diabetes Mental Health and Psychological Support teams. To do this, Diabetes Ireland requires additional staff to deliver and manage the various programmes.

PRIORITY

→ **Pre-budget submission ask 1.2:**

To deliver the Diabetes Mental Health and Wellbeing Group Support Programmes for people with diabetes from each HSE Health Region, Diabetes Ireland team requires funding to create additional posts for:



2.0 WTE Diabetes CNS



1.0 WTE Staff Grade Psychologist



1.0 WTE Programme administrator



1.0 WTE admin support

Estimated Cost in 2026: Approx. €315,000 per annum

3. Ensure all people with clinical diagnosis of Type 1 diabetes have access to Continuous Glucose Monitoring (CGM)

In 2023, the Health Information and Quality Authority (HIQA) Rapid Health Technology Assessment (HTA) of Continuous Glucose Monitoring (CGM) in Adults with Type 1 Diabetes recommended **access to CGM technology for all**. Subsequently, the HSE established a single reimbursement application system for people with Type 1 diabetes to access CGM technology regardless of age. However, currently between approximately 500–700 people clinically diagnosed with Type 1 diabetes at secondary care level **are being denied access to CGM technology, despite multiple applications and clinical justification by the MDT members**. This is because these people are not deemed “as requiring insulin from the outset” – a requirement, which has been added to the HIQA recommendations during the reimbursement process, and which has no medical justification for diagnosing Type 1 diabetes. A cohort of people clinically diagnosed with Type 1 diabetes as adults, either initially given a medication to help lower their blood glucose levels or diagnosed with another chronic condition **prior to being clinically diagnosed as having Type 1 diabetes** and requiring insulin to manage it on a daily basis, are currently **being denied access to CGM technology**.

The HIQA Report does not differentiate between these cohorts of people clinically diagnosed with Type 1 diabetes. Nor is it aligned with the HSE definition of Type 1 diabetes and care provision recently outlined in the reply to Parliamentary Question (PQ 14342/25) by Ms Anne Horgan, General Manager for HSE Clinical Design and Innovation in consultation with the National Clinical Advisor and Group Lead, Chronic Disease. It states that:

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“People with Type 1 diabetes initially present to their GP, emergency department or other entry point of the healthcare services with symptoms suggestive of Type 1 diabetes such as excessive thirst, frequent urination, weight loss or the urgent presentation known as diabetic ketoacidosis. They require rapid secondary care review with a diagnosis of Type 1 diabetes being confirmed at the secondary care level by the diabetes team and ongoing management (including insulin therapy) being provided at the secondary care level. Most people with new Type 1 diabetes present in this manner”.

The HSE recognizes that not all people are clinically diagnosed in the same way. However, **people who received a late/delayed clinical diagnosis of Type 1 diabetes are currently being denied CGM reimbursement**. The approach of disregarding the clinical decision of the secondary care Consultant (and the MDT), which is ultimately responsible for making the clinical decision, is causing inequality in the current application process. This inequality is compromising the ability of these 500–700 people with Type 1 diabetes to safely manage their condition and improve their quality of life.

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Pre-budget submission ask 3:

Diabetes Ireland is calling for this inequality to be rectified by providing “access to CGM technology to all people clinically diagnosed with Type 1 diabetes”, including those with delayed diagnosis, as per the HIQA recommendations.

Estimated Cost in 2026: Approx. €1m