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7th May, 2024

Deputy Mairéad Farrell, TD Dáil Éireann Leinster House Kildare Street Dublin 2

PQ 17696/24

To ask the Minister for Health when he plans to provide the recommended staffing levels of multidisciplinary diabetes team members (consultant endocrinologists, advanced nurse practitioners, diabetes nurse specialists, dietitians, psychologists) per 100 patients for a paediatric diabetes clinic and an adult diabetes clinic; to provide details of the number of hospital-based diabetes clinics that meet these standards; the hospital-based diabetes clinics that meet these standards; and if he will make a statement on the matter.

Dear Deputy Farrell,

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 for Diabetes and the National Clinical Programme for Paediatrics and Neonatology (NCP PN) on your question and have been informed that the following outlines the position.

Diabetes Mellitus is a lifelong condition that causes a person's blood glucose level to become too high. It is a complex condition that has a profound impact on the quality of life of people living with the condition and on the health services as a whole.

Significant resources have been allocated under the HSE's Enhanced Community Care Programme (ECCP), in addition of HSE's modernised care pathways (MCPs), to establish end to end integrated care services for people with Type 2 Diabetes Mellitus nationally. Significant resources have been provided to establish Community Specialist Diabetes teams within the community to support general practices to manage people with Type 2 Diabetes closer to home. The combined approach of a multidisciplinary integrated team and patient empowerment enables more effective prevention and proactive management of chronic diseases.

Thirty (30) Integrated Care Diabetes community specialist teams (CSTs) have been funded nationally to ensure population coverage. The below table details the staffing allocated for each Diabetes team within an ambulatory care hub. Four teams were allocated additional clinical staffing and are referred to as enhanced teams.

Staffing Per Hub	WTE	
DIABETES		
Clinical Nurse Specialist (CNS) Diabetes	3.0	
Clinical Specialist Podiatrist	1.0	
Senior Grade Podiatrist	1.0	
Basic Grade Podiatrist	1.0	
Senior Dietitian	3.0	
Staff Grade Dietitian (Weight Mgt / Diabetes Prevention	3.0	
Programme)		



As part of the HSE's Enhanced Community Care Programme (ECCP), several Diabetes hospital-based teams were identified as requiring additional staffing to fill "Acute Hospital Gaps" and enable them to properly support specialist teams in hubs.

The total number of posts designated for the Diabetes Acute Hospital sector, including enhanced teams, is 75 – comprising the following:

- 25 Consultant Endocrinologists
- 19.5 Dietitians
- 6 Podiatrists
- 20 Advanced Nurse Practitioners (ANPs)
- 4.5 Clinical Nurse Specialists (CNSs).

These additional resources, as well as the creation of split posts - such as the Integrated Care (IC) Consultant and Acute IC advanced nurse practitioner (ANP) in Diabetes posts - support the delivery of person-centred care, with a focus on providing a continuum of care from prevention through to treatment services for individuals living with diabetes across both community and hospital services.

Recommended staffing levels for a Paediatric Diabetes multidisciplinary team per 150 patients is as follows:

Role	WTE
Consultant Paediatric Endocrinologist / Paediatrician with specialist interest in Diabetes	0.5
Specialist diabetes nursing (ANP / cANP / CNS)	2.0
Paediatric Dietitian	1.0
Paediatric Psychologist	0.7
Paediatric Social Work	0.5

Data was sought in 2021 to inform a National Paediatric Diabetes Audit feasibility study. However, this data is felt to no longer be reflective of either the number of patients attending services or current approved staffing.

The 2024 National Service Plan (NSP) confirmed recurring funding for the development of a National Paediatric Diabetes Audit (NPDA). It is hoped, following the commencement of this National Paediatric Diabetes Audit [which is currently projected to begin in Q3 2024] that up-to-date information will be available on an ongoing basis.

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

