Diabetes Ireland

Pre-Budget Submission 2023

Diabetes™ Ireland

September 2022

DATA & HEALTH INFORMATION

1) Development of a National Diabetes Registry.
2) Development and implementation of a National Paediatric Diabetes Audit.

HIGH QUALITY OF CARE: MULTIDISCIPLINARY APPROACH

3) Ensure continuing progress of Enhanced Community Care programme and development of diabetes specialist hubs and access for all.
4) Ensure regular access to multidisciplinary diabetes teams in acute hospitals in paediatric and adults diabetes services.
5) Ensure access to mental health specialists.

ACCESS AND REIMBURSEMENT

6) Ensure reimbursement of medicines for women with gestational diabetes (GDM).
7) Extend eligibility for Flash Glucose Monitoring to adults with diabetes based on clinical need.

8) Ensure timely access to diabetes education.
9) Ensure timely access to diabetes technology based on clinical need.
10) Provide easier access to Mortgages for people with diabetes.

HEALTH AND WELLBEING

Budget 2023 Introduction

Diabetes Ireland is highlighting the current gaps in diabetes care in Ireland and is calling on the Government to take immediate actions to improve diabetes healthcare services, improve the quality of life for people living with diabetes, and reduce the long-term costs to the health service of diabetes complications. Currently, **we have no data and health information required to provide accurate budget estimates and appropriate health-service planning**. Thus, the first step to **improve health-service delivery in Ireland is to invest in data and health information provision, so the accurate financial needs recognition can be done**. Therefore, **the development and implementation of a national diabetes registry and a paediatric diabetes audit are the priority needs of the Pre-Budget Submission 2023 that require immediate funding**.

Up to €1 billion spent on diabetes, half a billion on complications

Although up to date economic burden is unknown, knowing that total health expenditure in Ireland in 2019 was €23.8bn (€17.6 bn funded by the government), and using percentage estimates from 2006 and 2009-11 (4-6%), we envisage that between €700 m to €1 billion has been spent on diabetes care annually, with an estimated 50% of the budget (CODEIRE study) spent on avoidable complications and hospitalizations.

Above estimates are, however, vague due to the lack of a diabetes registry.

Diabetes is a serious global public health issue which has been described by the World Health Organisation as one of the top ten most challenging health problems in the 21st century with a high individual, social and economic burden[1]. According to the International Diabetes Federation Diabetes Atlas 2021 Ireland is ranked 7th in the world for diabetes related health expenditure per person[2]. The economic burden of diabetes on the Irish health care system is becoming a major challenge for the government and the Health Service Executive (HSE)[3].

As **a leading cause of morbidity and mortality, affecting an estimated 300,000 people in Ireland[3,4], and the most prevalent chronic condition in people between 45 to 74 years of age, diabetes places a significant burden on society and presents a growing challenge for the national economy[6]**. The economic estimates provided below are, however, not up to date and vague, further implying the necessity of having access to appropriate data and health information.

According to research comparing health-service use between people over 50 with and without diabetes (data from years 2009-2011), diabetes was associated with an 87% increase in outpatient visits, a 52% increase in hospital admissions and a 33% increase in emergency department attendances[6].

Although we have no diabetes registry or way to monitor the costs associated with diabetes, the CODEIRE study (2006) suggests that costs associated with diabetes consume between 4% and 6% of the annual healthcare expenditure in Ireland (€377.2 million to €580.2 million in 2006)[7]. If the same percentage (4-6%) is applied to the healthcare expenses in 2019 (€23.8 bn overall health expenditure, of which €17.6 bn was funded by the government)[8], we envisage that the government spend between €700m to €1bn on managing diabetes and its complications annually.

With overall health-expenditure (including out-of-pocket expenses and private care), costs associated with diabetes were from approx. €1 bn to €1.4 bn. In 2021, the International Diabetes Federation estimated that almost $1.1 bn has been spent on diabetes in Ireland in 2021[2]. Most of the costs (approx. 50% according to the CODEIRE study) were associated with hospitalisations and treatment of complications[7].

To avoid costly and unnecessary diabetes complications, investment should be made in best available care. 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:

- For appropriate budget estimates, there is a need to further evaluate the economic costs of diabetes-related healthcare expenses in Ireland.
- There is a need to invest now in better diabetes management (diabetes education, access to best treatments and technology, and health-care professionals' expertise and resources) to avoid costly diabetes complications and hospitalisations.
- The priority for diabetes care in Ireland is to develop and implement a national diabetes registry and a paediatric diabetes national audit.

What is Diabetes?

Diabetes is a lifelong condition characterised by high blood glucose levels, that occur when the pancreas is no longer able to make insulin (Type 1 diabetes), or when the body cannot make good use of the insulin it produces (Type 2 diabetes). Insulin is a hormone – a substance of vital importance - it acts like a key to open the doors into cells, letting sugar (glucose) in. If there is either no insulin letting sugar get into cells, or sugar does not get into cells efficiently, the sugar builds up in the bloodstream, causing high blood glucose levels.

It is commonly understood that there are two "types" of diabetes, "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. The division between the types is also based on the treatment – the vast majority of Type 2 diabetes cases are treated by lifestyle modification (nutrition, exercise) and/or glucose lowering tablet/injections. But an increasing number of people with Type 2 diabetes have to inject insulin and need similarly frequent glucose levels control and management – the treatment used in Type 1 diabetes from diagnosis.

Living with diabetes is life-long, requires medical treatment, continuous control, assessment, and review, and for those on insulin – glucose control, intense diabetes self-management with dozens of medical decisions regarding insulin dosing and interventions a day. All of it just to be safe and be able to maintain 'normal' and healthy lives, and help to avoid serious and harmful medical consequences, both severe [diabetic ketoacidosis (DKA), severe hypoglycaemia] and long-term complications (limb amputations, blindness, kidney failure and dialysis, cardiovascular events and even death). **To maintain healthy lives, despite normal day to day diabetes management, people with diabetes require access to medicines and technology used in diabetes care, the expertise of health-care professionals, diagnostic equipment, psychology supports, and education, support, and motivation to self-manage their condition well.**

Group	Requires
People with insulin deficient (e.g. Type 1) diabetes	Regular expert diabetes review by multidisciplinary team (endocrinologist, diabetes nurse specialist, dietitian, psychologist) 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.

The needs of people with diabetes

People with diabetes need access to high standards of care, expertise, treatment aligned with clinical recommendations, reimbursement of medicines to maintain good health and quality of life. The actions we are calling on the Government are person-centred, cost-effective, and easy to implement.

Needs and actions
PRIORITY NEED: DATA AND HEALTH INFORMATION: 1) Development and implementation of a National Diabetes Registry is needed if we are to aspire to a delivery of high-quality diabetes care for all. 2) Development and implementation of a National Paediatric Diabetes Audit.
HIGH QUALITY OF CARE: MULTIDISCIPLINARY APPROACH 3) Ensure continuing progress of Enhanced Community Care programme and development of diabetes specialist hubs and access for all. 4) Ensure regular access to multidisciplinary diabetes teams in acute hospitals in paediatric and adult diabetes services, according to the national guidelines and models of care. 5) Ensure access to mental health specialists.
ACCESS TO TREATMENTS AND REIMBURSEMENT 6) Ensure reimbursement of required medicines for women with gestational diabetes (GDM). 7) Extend eligibility for Flash Glucose Monitoring (FGM) to adults with diabetes based on clinical need.
HEALTH AND WELLBEING 8) Ensure timely access to diabetes education. 9) Ensure timely access to diabetes technology based on clinical need. 10) Provide easier access to Mortgages for people with diabetes

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[9].

These actions also support the HSE National Clinical Programmes for Diabetes (Paediatric and Adult) strategy for managing diabetes (current & future cohorts of people living with diabetes) 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. These needs and actions require 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.

The four basic needs of people living with diabetes and their families, and four pillars of diabetes care are to:

I. **KNOW THE DATA AND ACCESS HEALTH INFORMATION**
II. **RECEIVE QUALITY CARE: MULTIDISCIPLINARY APPROACH**
III. **ACCESS BEST TREATMENTS AND MEDICINES (REIMBURSEMENT)**
IV. **MAINTAIN GOOD HEALTH AND WELLBEING**

Data are key to informed decisions. To improve diabetes care in Ireland data provision is necessary; only then can appropriate interventions and decisions be made. The entire diabetes community, including health care professionals and the Health Service Executive (HSE) National Diabetes Clinical Programmes for Adults and Paediatrics, the Cross Parliamentary Group on Diabetes, as well as people with diabetes (Diabetes Ireland, including Diabetes Ireland Advocacy Group), prioritise reliable data and health information as the only solution for improvement in all other pillars. Data is fundamental to generating change, thus **the priority ask of this Pre-Budget Submission 2023 is to invest, develop and implement a National Diabetes Registry and the National Paediatric Diabetes Audit. Only with the use of data, three other pillars (quality of care, reimbursement and health and wellbeing) can be improved.**

Four pillars of diabetes care – detailed information

I. DATA AND HEALTH INFORMATION

Data is key for health services planning, medical development and improving outcomes for those living with diabetes. Epidemiological estimates, economic evaluation, medical and patient-reported outcomes have an essential role in helping clinicians, researchers, decision makers and health service planners provide the best possible service to those who need it, prevent outdated or inappropriate practice or undesired outcomes[10]. Data also support people with diabetes to make the right choices for better health and wellbeing and provide policymakers with evidence to take decisions based on patient needs and an understanding of current public health trends. Epidemiological data enable health-service planners make accurate decisions regarding resource allocation (nationally and locally) and improvements in the capacity of ambulatory and community diabetes clinics and teams[10-14].

Ireland is among a few countries in Europe without a diabetes registry or clinical audits[15]. In Ireland, the same issues for decades are over stretched and under-resourced health services, in particular in areas other than Dublin[10,11,14]. The lack of capacity and trained staff affects access to basic needs of people living with diabetes: regular, reliable diabetes care, access to modern treatments and medicines, and overall affects the standards of care. To improve diabetes care in Ireland data provision is necessary; only then can appropriate interventions and decisions be made[11,13,14]. The entire diabetes community, including health care professionals and HSE (National Diabetes Clinical Programmes for Adults and Paediatrics), as well as people with diabetes (Diabetes Ireland, including Diabetes Ireland Advocacy Group), prioritise reliable data and health information as the only solution for improvement in all other pillars. Data is fundamental to generating change, thus **the priority ask of this Pre-Budget submission 2023 is to invest, develop and implement a National Diabetes Registry and a National Paediatric Diabetes Audit.**

1) National Diabetes Registry

What is the need?

Development and implementation of a National Diabetes Registry will provide a database to track the prevalence of diabetes, help to plan staffing resources, determine the cost of providing care and improve outcomes.

Budget 2023 Ask: Funding to initiate the development of a registry. € HSE / Minister of Health to Estimate cost.

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 health-service delivery planning - we do not understand the cost implications of policy decisions.

Highlights

1. We do not know how many Irish people have diabetes, its complications, nor where they live in the country.
2. We can only estimate national-level figures by using prevalence rates in other countries (e.g. Scotland)
3. Lack of a registry is highlighted at European level as major deficiency of our service (rank: 20 of 30) since 2014.
4. Establishment of a registry would help with tracking the prevalence of the condition, measuring clinical outcomes, and cost of care and, most importantly enable better planning for delivery of services.
5. The registry could be a template for other chronic diseases.

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 locality. 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 / Minister of Health would need to estimate the costs of this (largely IT) 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[10,11,15]. 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[15]. 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.

Based on recent prevalence data from Scotland (taken from the Scotland Diabetes Survey 2020[16]) which maintains a National Diabetes Registry and can easily identify the diabetes population and track the prevalence of diabetes year on year, it is estimated (based on 5.8% of the total census population of Scotland) there are estimated 297,165 people living with diabetes in Ireland using the 2022 census[17].

Country	Total (census) Population	Total Diabetes Prevalence	Type 2 Diabetes Prevalence	Type 1 Diabetes Prevalence
Scotland (2020)	5,463,300	317,128	278,239	34,087
% of total population	100%	5.8%	5.1%	0.6%
Ireland (vague estimate) based on Scottish %	**5,123,536** (CSO, 2022)	**297,165**	**261,300**	**30,741**

We are calling for the development of a National Diabetes Registry that **would help with tracking the prevalence of the condition, measuring outcomes and cost of care and planning for future services**.

2) National Paediatric Diabetes Audit

What is the need?

Development and implementation of a National Paediatric Diabetes Audit (NPDA), as outlined in the NPDA Feasibility study (2022) to improve diabetes outcomes, highlight areas of good practice, identify deficits, and promote improvement in the quality-of-care delivery and data-driven resource allocation for children and adolescents with diabetes.

Budget 2023 Ask: Funding for next steps as outlined in the Feasibility study. € HSE to Estimate

Why Fund This? The National Office for Clinical Audits has completed the feasibility study and funding is required to initiate the next steps.

If Not Funded: The HSE continues to blindly manage diabetes care, and health-service delivery planning.

Highlights

1. Equal access to high quality standardised care required for all children with diabetes regardless of geographical location.
2. Development and implementation of the National Paediatric Diabetes Audit will enable better planning for delivery of services, tackle discrepancies and improve the outcomes and quality of care in children and adolescent with diabetes.
3. Starting from paediatric diabetes, it is planned to be expanded to all people with type 1 diabetes, and next to all people with diabetes in Ireland.

Ireland has **a high incidence of Type 1 diabetes - the most prevalent chronic condition in children and adolescents**. Continuous and **integrated multidisciplinary patient support is required to empower patients and caregivers to maximise self-management skills of the child and their parents/carers in order to achieve optimal diabetes control, which has been definitively shown to reduce the risk of acute and long-term diabetes-related complications**[18]. No national paediatric diabetes audit (NPDA) exists in Ireland, and available data originate from single-centre, stand-alone, or retrospective studies.

The lack of reliable data precludes healthcare professionals from making informed decisions about how to improve services and means that disparities in paediatric diabetes care are neither identified nor prospectively addressed. **A national audit of paediatric diabetes will highlight areas of good practice, identify deficits, and promote improvement in quality-of-care delivery and data-driven resource allocation. The need for an NPDA was specifically emphasised in the Model of Care for All Children and Young People with Type 1 Diabetes**[19].

In 2022 a feasibility study was published by the National Office of Clinical Audit which **highlighted the impact of national audits on clinical outcomes, as well as the contextual factors that have influenced audit implementation and how these factors might translate in a diabetes context**. The report describes the configuration of paediatric diabetes services nationally and the patient journey from diabetes diagnosis through ambulatory care to the transition to young adult services. It also **highlights areas of variability that might be amenable to audit and quality improvement.**

The multidisciplinary team resources available to children with diabetes nationally are reviewed and current practice across services for measurement and reporting of the key performance indicator (KPI) of glycated haemoglobin (HbA1c) described. Learnings from international audits and registries highlight the need for resources for data collection, that **the accuracy and efficiency of data collection is optimised by the use of electronic systems, integrated into healthcare and that data-driven decision-making and quality improvement are fostered by systematic data collection**[18].

We want to continue to use the knowledge gathered in the feasibility study to develop and implement an effective, detailed and informative National Paediatric Diabetes Audit, which could be then expanded to all Type 1 diabetes services and finally Type 2 diabetes services audits. The ask is to provide funding to NOCA **to develop and implement a paediatric diabetes audit which can be extended into adult services in future years.**

II. OTHER NEEDS: QUALITY OF CARE: MULTIDISCIPLINARY APPROACH

3) Enhanced Community Care and diabetes specialist hubs

What is the need?

Continue 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 including Type 2 diabetes.

Budget 2023 Ask: Ringfence the funding committed to employing the remaining 70% of posts required for diabetes services previously included in HSE Winter Plan 2020

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 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.
5. The Enhanced Community Care (ECC) programme is available for people covered by the GMS (General Medical Card Scheme). We ask for access to ECC programme for those paying for their GP care privately, as outlined by the principles of Sláintecare (and universal health coverage) for provision of care to those based on needs.

4) Multidisciplinary teams in ambulatory diabetes clinics

What is the need?

Better resourcing of multidisciplinary diabetes teams, as part of the long-term health-services planning based on epidemiological data and local needs to fulfil the necessary capacity and respond to the needs of people with diabetes. A National Diabetes Registry to inform health-services planning essential to improve resources in multidisciplinary teams in ambulatory diabetes clinics.

Funding to initiate the development of a registry. € HSE to Estimate cost.

Why Fund This? The lack of a National Diabetes Registry and long-term health-services planning in ambulatory care hinders the HSE's ability to effectively plan for diabetes care, an increasingly common and costly chronic condition. Lack of investment in multidisciplinary teams puts at risk health of people with diabetes treated in ambulatory setting.

If Not Funded… The HSE continues to blindly manage diabetes care, maintain the long waiting lists and no access to diabetes education and technology for people living with diabetes receiving their care at a hospital level.

Highlights

1. Hospital-based teams require staffing resources to ensure the quality of care
2. Due to interdisciplinary character of diabetes, requiring input from clinicians, nurses, dietitians, mental health specialists, podiatrists, MDT is the core of any hospital-based team for provision of diabetes education in self-management, structured diabetes education, diabetes advice based on persons with diabetes needs, provision training in the use of diabetes technology
3. We do not know how many Irish people have diabetes, its complications, nor where they live in the country and what staffing resources are sufficient to deliver high quality care.
4. Establishment of a registry and a long-term health-service plan in ambulatory care would improve diabetes care at the hospital level.

5) Ensure access to mental health specialists

What is the need?

Development of and access to psychology services for people with diabetes.

Budget 2023 Ask: A funded plan to increase psychology support in diabetes teams. HSE to estimate the costs.

Why Fund This? There is more than a 95% deficit in adult diabetes psychologists nationally (2018); there are only a few 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 wellbeing 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. Prevalence of depression, anxiety and eating disorders is much higher in those with diabetes than in their healthy peers.
4. More psychology 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.

III. OTHER NEEDS: ACCESS TO TREATMENT AND REIMBURSEMENT

6) Reimbursement of medicines for women with gestational diabetes (GDM)

What is the need?

Restore funding supports to women with gestational diabetes (GDM).

Budget 2023 Ask: HSE/PCRS to estimate

Why Fund This? Essential that women with Gestational Diabetes (GDM) test glucose levels frequently and take glucose lowering tablets or deliver insulin, if necessary, to avoid potentially serious health consequences for Woman & Baby. Access to funding supports for duration of pregnancy (approx. 3 months of pregnancy) ensures 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 glucose levels frequently, take prescribed glucose lowering tablets or inject insulin if necessary to avoid pregnancy risks.
6. Delivery of best practice care impeded due to unforeseen costs.

7) Reimbursement of Flash Glucose Monitoring

What is the need?

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

Budget 2023 Ask: HSE/PCRS to estimate

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. Many pay out-of-pocket, which significantly affects their personal budget and raises frustrations.
3. People with diabetes have been calling for wider access to this device since 2018.
4. 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.
5. As a consequence, it improves diabetes management, outcomes, and quality of life.

IV. OTHER NEEDS: GOOD HEALTH AND WELLBEING

8) Timely access to diabetes education for people with Type 1 diabetes

What is the need?

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

Budget 2023 Ask: HSE to estimate

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. Diabetes education is the most important aspect of diabetes self-management, however, 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. DAFNE education has been proven to reduce hospital admissions significantly in the 12 months following completion.

9) Timely access to diabetes technology

What is the need?

Funding to provide diabetes clinics with trained specialist (technology) nurses.

Budget 2023 Ask: HSE to estimate

Why Fund This? Diabetes technology improves quality of care, life and improve diabetes outcomes in the diabetes population as a whole, as outlined in several national and international population-based studies.

If Not Funded… Many more hospitalisations due to severe hypos, DKA and treatment of diabetes complications

Highlights

1. Insulin pump uptake in adults with Type 1 diabetes in Ireland is as low as 7% while internationally uptake averages between 15-20%.
2. Insulin pump therapy should be offered as a treatment option based on thought-through discussion between the person with diabetes and diabetes team and should be considered based on clinical need.
3. Continuous or Flash Glucose Monitoring should be offered to any person with Type 1 diabetes, as outlined in the NICE guidelines, and international and national recommendations.

10) Provide easier access to mortgages for people with diabetes

What is the need?

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

Budget 2023 Ask: €0

Why Fund This? Living with diabetes must not prohibit anyone from purchasing a family home 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 waiver by the mortgage provider which is covered in law.
3. Gives person with diabetes the opportunity to purchase home.
4. Huge advances in diabetes treatment and medications have reduced the level of risk.

This document has been prepared by Diabetes Ireland (including Diabetes Ireland Advocacy Group) and consulted with the HSE National Clinical Programme for Diabetes and National Clinical Programme for Paediatrics and Neonatology (Diabetes), and the Cross Parliamentary Group on Diabetes.

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