

The Diabetes Update

A bi-monthly newsletter introducing new people, projects and progress in the world of diabetes health.

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New Zealand Government

Welcome to the third issue of *The Diabetes Update*. The newsletter tells you about the national direction for diabetes, the work programme and shares innovative stories from around New Zealand.

Please feel free to share the newsletter far and wide. If you would like to receive an email when each new issue is released, or if you want to share a story in the newsletter, email cvddiabetes@moh.govt.nz putting 'subscribe me' in the subject line.

Reporting teleconferences

The Ministry team has recently completed the quarter three reporting teleconferences for diabetes services. These teleconferences provide us with an excellent opportunity to discuss issues and for us to gain an understanding of diabetes services across New Zealand. Some of the areas we covered this quarter included:

- self-management support and education
 - most DHBs are focusing on self-management and how it can be delivered in practices and through group sessions
 - some DHBs raised issues around measuring self-management sessions, especially in practices
- psychology support for people with long-term conditions
 - the Ministry is trying to gain an understanding of psychology services available for people with long-term conditions across New Zealand. There is some variation in service delivery, and this is an area the Ministry team will be focusing on
- clinical governance
 - all DHBs have developed a clinical governance group and these seem to be functioning well across the country, especially developing clinical pathways for various diabetes services.

We would like to take this opportunity to thank all of you who have taken part in these teleconferences.

Diabetes Strategy

The development of the Diabetes Strategy is continuing. The Ministry team, along with representatives from Diabetes New Zealand and the New Zealand Society for the Study of Diabetes, met with the Minister of Health, Hon Dr Jonathan Coleman to discuss the initial draft.

Feedback from this meeting is currently being included in the draft, and we will keep you updated on the progress of this work.

Chronic kidney disease and TIA clinical decision support tools

BPAC, in conjunction with the Ministry of Health, has developed electronic decision support tools for general practices to manage chronic kidney disease (CKD) and stroke/transient ischemic attack (TIA). The development and roll out of the tools will support improved diagnosis, management and referral for these two conditions.

An implementation plan for these tools is currently being finalised and more information about availability will be provided soon.

Update of service specifications for diabetes

The Ministry is updating the service specifications for diabetes services. These contracting documents are being updated to reflect a changing focus on contracting for outcomes rather than outputs. The changes will also show an overarching focus on long-term conditions with more specific information for diabetes attached.

An initial meeting has been held to discuss what is required in a contracting document for long-term conditions services. Some recommendations will be made and a draft document widely circulated for consultation.

We would like to thank those of you who took the time to participate in the initial discussion and we will keep you all updated on the progress of this work throughout the year.

Nelson Bays Primary Health pre-diabetes programme

Bee Williamson, the Diabetes Education Coordinator from Nelson Bays Primary Health has been coordinating the 'Living with Type 2 Diabetes' education courses for several years, but was noticing an increase in referrals of people newly diagnosed with pre-diabetes. In response to this, Nelson Bays Primary Health developed a programme catering to those with pre-diabetes. →



Bee Williamson



The programme provides a one-off, two-hour session that supports participants to understand what pre-diabetes is, how it develops and what can be done about it. The overall aim is to increase knowledge and confidence and address beliefs and behaviours so the importance of 'change' is recognised and acknowledged.

The session is delivered by the health promotion team at Nelson Bays Primary Health, which includes the Diabetes & Cardiac Education Coordinator and Green Prescription staff. The session addresses health literacy and participants have commented that the models and explanations are easy to understand.

A participant says: 'Awesome session. Great information, clear and easy to take in. Lots of great tips. Well presented. Gorgeous kai. Leaving, eager to look at life from both sides now. Nga mihi nui.'

Participants all leave the session with a resource pack that contains information on healthy eating, Green Prescription information and activities, and a template so participants can draft their own action plan and review their own food diary. A case study is used to start discussions on how lifestyle choices impact on health and, in small groups, participants come up with ideas of what changes they can make to improve their health.

Following the session feedback is provided to the person's GP, and follow-up HbA1c tests along with cholesterol and blood pressure are completed at the practice's discretion.

Participants are sent a questionnaire three, six, and 12 months after the session to monitor motivation and progress. Some of the comments received back have been very positive.

'Have changed a few things – less sugar, no sweets etc. Have lost 2 kg. Have changed my situation to lessen efforts of stress. Still trying to quit [smoking] – have cut back from 3 to 1 packet.'

'HbA1c now 40. Cholesterol was 5.5 now 5.0. Lost 7 kg in 3-months.'

'I feel much better physically. HbA1c:43 to 40 in 3 months. Cholesterol: 6.8 down to 2.7 in 3 months. Lost 10 kg.'

'After 6 months I am now walking 5 times a week. Eating less rubbish and smaller portions. Lost 6.5 kg. GP very happy.'

The programme is extremely well received by both those who participate as well as general practice. It is another example of integration and linking to existing services and highlights the exciting work being delivered for people with diabetes and pre-diabetes in New Zealand.



Thanks for reading. We look forward to keeping you in touch.

On behalf of the Diabetes Team at the Ministry of Health:

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Please send your feedback and suggestions to: cvddiabetes@moh.govt.nz