



RACGP

*RACGP Submission to the Department
of Health on the Australian National
Diabetes Strategy 2016-2020
Implementation Plan*

11 April 2017

The Royal Australian College of General Practitioners

Overview

Diabetes in Australia: focus on the future (the Plan) is an implementation plan for the Australian National Diabetes Strategy 2016-2020 (the Strategy) to address diabetes in Australia, developed in partnership between the Australian Government and all states and territories.

The Plan operationalises each of the Strategy's goals. Five sections are identified for each goal, these include context, supporting evidence, current national action, indicators to measure progress (of the Strategy) and direction of future work.

The priority actions identified in the Plan are intended to complement initiatives already underway across all sectors, and do not address all of the potential areas for action listed within the Strategy. They highlight areas of action that are of high importance, or where there are identified gaps within currently delivered programs and services.

Five sections are identified for each goal of the Plan, these include context, supporting evidence, current national action, indicators to measure progress (of the Strategy) and direction of future work. Indicators to measure progress against the Goals of the Strategy have been developed by the Australian Institute of Health and Welfare in consultation with the IWG and included in the Plan.

The goals addressed in the Plan are:

- Goal 1: Prevent people developing type 2 diabetes
- Goal 2: Promote awareness and earlier detection of type 1 and type 2 diabetes
- Goal 3: Reduce the occurrence of diabetes-related complications and improve quality of life among people with diabetes
- Goal 4: Reduce the impact of pre-existing and gestational diabetes in pregnancy
- Goal 5: Reduce the impact of diabetes among Aboriginal and Torres Strait Islander peoples
- Goal 6: Reduce the impact of diabetes among other priority groups
- Goal 7: Strengthen prevention and care through research, evidence and data

Each goal is addressed by answering specific questions in a survey, with a 100 word limit for each response. As it is not compulsory to answer every question, the RACGP has only responded to questions relevant to general practice.

Goal 1: Prevent people developing type 2 diabetes

Question 8:

The National Priority Actions identified in Goal 1 are adequate.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
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Question 9:

With regard to the National Priority Actions identified in Goal 1, is there anything missing or what should change? (100 word limit)

The identified goals and actions impact on the work practices and funding of general practice. This raises the question of how general practice will be supported to “ensure patients receive the right care in the right place at the right time.” The RACGP is a key stakeholder and should be engaged to ensure these proposed initiatives, guidelines and resources are implementable in general practice.

The Primary Health Networks Performance Framework does not include diabetes as a headline indicator. This creates a disconnect between the Plan’s aim to increase the efficiency and effectiveness of health services and the availability of appropriate data and performance measures, especially with the discontinuance of general practice data collection programs such as BEACH.

Question 10:

The Strengthen Current Actions identified in Goal 1 are adequate.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
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Question 11:

With regard to the Strengthen Current Actions identified in Goal 1, is there anything missing or what should change? (100 word limit)

- General practice plays a key role in coordinating health care in patients with chronic disease across sectors and has developed the skills in integrating chronic disease management from prevention to detection and management. This role could be better recognised and supported.
- General practice remains a focal point for integrating targeted community awareness, health literacy and social marketing programmes.
- Preventive activities should be presented within an evidence-based framework as in the RACGP’s prevention guidelines (the Red Book).
- There needs to be clear policy around the role of the environment, town planning and transport to encourage active lifestyles.

Question 12:

Are there relevant Potential Areas for Action for Goal 1 from the Australian National Diabetes Strategy 2016-2020 that should be included and prioritised in the Implementation Plan? (100 word limit)

The inequity related to social determinants of health increase the risk of developing diabetes and further burden those living with diabetes. Each “Areas for Action” should identify and prioritise assistance for those who because of ethnicity, remoteness of location, economic disadvantage are more at risk.

Goal 2: Promote awareness and earlier detection of type 1 and type 2 diabetes

Question 13:

The National Priority Actions identified in Goal 2 are adequate.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
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Question 14:

With regard to the National Priority Actions identified in Goal 2, is there anything missing or what should change? (100 word limit)

The *General Practice Management of type 2 diabetes 2016-18* is produced by the RACGP in partnership with Diabetes Australia. These recently updated and evidence based guidelines are used not only in general practice but in much of primary care.

We support the need for new national guidelines produced to GRADE guideline standards. General practice representation is essential in the development of these guidelines and in groups advising on their implementation.

We have previously cautioned against using the practice incentive program (PIP) uptake as a measure as this has many confounding influencers and is not an accurate reflection of early detection, management and awareness of diabetes.

Question 15:

The Strengthen Current Actions identified in Goal 2 are adequate.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
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Question 16:

With regard to the Strengthen Current Actions identified in Goal 2, is there anything missing or what should change? (100 word limit)

- Fasting blood glucose screening by general practitioners (GPs) on all adult Australians over the age of 40 years who are overweight or obese, regardless of other risk factors, as part of cardiovascular risk assessment as an alternate to the use of the AUSDRISK tool is worthy of consideration (as recommended by the US Preventative task force).
- Financial support should be provided and regulatory barriers lessened for point of care HbA1c testing in primary care for both targeted screening and management, such as during-visit medication adjustment. Evidence suggests this could improve detection, management and patient experience.
- The RACGP is concerned about screening in pharmacy. There are currently no trials demonstrating clinical and patient benefit which are economically validated. It also risks fragmenting care, which leads to poorer health outcomes and higher costs.

Question 17:

Are there relevant Potential Areas for Action for Goal 2 from the Australian National Diabetes Strategy 2016-2020 that should be included and prioritised in the Implementation Plan? (100 word limit)

Each of these priorities has implications for general practice resources, work practice and finances. General practice needs support to effectively implement clinical guidelines for early detection.

Goal 3: Reduce the occurrence of diabetes-related complications and improve quality of life among people with diabetes

Question 18:

The National Priority Actions identified in Goal 3 are adequate.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
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Question 19:

With regard to the National Priority Actions identified in Goal 3, is there anything missing or what should change? (100 word limit)

Each of these priorities impacts general practice resources, work practice and finances. Development of any national standards of diabetes clinical care should involve the RACGP at the outset. This ensures implementation of any measures are achievable in primary care, and risk reduction and complication prevention is supported.

Incentives for integration of other specialist services within general practices should be encouraged, thus providing diabetes care in the communities where people live, focussing on local community needs.

Prioritising the focus on general practice will offset the higher economic and social burden of preventable hospital based management.

Question 20:

The Strengthen Current Actions identified in Goal 3 are adequate.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
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Question 21:

With regard to the Strengthen Current Actions identified in Goal 3, is there anything missing or what should change? (100 word limit)

A national risk assessment classification framework implementable in primary care should be developed. This framework could use some of the current measures of progress co-ordinated into a clinical action pathway similar to the cardiovascular risk assessment tool. Appropriate measures of meaningful clinical activity will assist primary care allocate adequate resources and funding to patients at higher need or at risk of complications (eg recent hospitalisation discharge for diabetes complications, or those with 'high risk' foot complications).

Access to allied health through GPMP & TCA (as well as Aboriginal health assessments), which is currently limited to five appointments per year, should be reviewed to incorporate an increased number of visits for patients classified as high-risk, thereby tailoring number of allied health visits to clinical need. At the time of diagnosis of diabetes there is often a need for podiatry education and assessment, diabetes education, dietitian and sometimes an exercise physiologist. A one-size-fits-all five visits per year is unlikely to meet patient need.

Question 22:

Are there relevant Potential Areas for Action for Goal 3 from the Australian National Diabetes Strategy 2016-2020 that should be included and prioritised in the Implementation Plan? (100 word limit)

- Support greater flexibility of general practice health care delivery by expanded national/state co-funded provision of telemedicine to Aboriginal Torres Strait Islander health workers and funding for more regional and rural telemedicine support for general practice.
- Development of national standards of care for diabetes and chronic disease management for practice nurses working within general practice. Practice nurses working with GPs are uniquely placed to screen for secondary effects of diabetes. Trained practice nurses can safely perform: foot checks, diet and exercise goal setting, depression screening, data collation and case-management. These tasks go beyond writing a draft GP Management Plan. Part of the implementation plan should be to use existing workforce of practice nurses. Allied health practitioners should see triaged patients with specific needs. Implementation could be achieved with a recognised and rewarded practice nurse qualification in diabetes care.

Goal 4: Reduce the impact of pre-existing and gestational diabetes in pregnancy

Question 23:

The National Priority Actions identified in Goal 4 are adequate.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
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Question 24:

With regard to the National Priority Actions identified in Goal 4, is there anything missing or what should change? (100 word limit)

Each of these priorities has implications for general practice resources, work practice and finances. The RACGP expresses concern regards the poor evidence base (consensus only) for changing the definitions of gestational diabetes and the implications for expanded resource use and burdens on the health system, with displacement of care into higher cost structures of tertiary care and medicalisation of therapy. Specific strategies for education of those women with pre-existing diabetes in reproductive years should be a priority within the National Diabetes Services Scheme, with an emphasis on a specific primary care target. Gestational diabetes is currently in guidelines as a high-risk category for future type 2 diabetes, however interventions for diabetes prevention should articulate and integrate with other diabetes prevention programmes.

Question 25:

The Strengthen Current Actions identified in Goal 4 are adequate.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
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No comment.

Question 26:

With regard to the Strengthen Current Actions identified in Goal 4, is there anything missing or what should change? (100 word limit)

- Provide incentives for general practice to provide post-pregnancy diabetes reassessment and support.
- Develop the evidence base supporting appropriate interventions for women with gestational diabetes and their offspring to prevent future type 2 diabetes.
- The proposed strategy suggests an indicator about the proportion of women with gestational diabetes offered HbA1c in 1st and 3rd trimester. Australian guidelines recommend screening for gestational diabetes between 26 and 28 weeks gestation so very few women will have a diagnosis existing in the 1st trimester. Australian guidelines recommend using blood glucose level monitoring for a more timely indication of control rather than HbA1c. UK guidelines (NICE) state that HbA1c should not be used in the 3rd trimester.

Question 27:

Are there relevant Potential Areas for Action for Goal 4 from the Australian National Diabetes Strategy 2016-2020 that should be included and prioritised in the Implementation Plan? (100 word limit)

The RACGP would like to re-emphasise that while it is important that pregnant women receive the best care possible, we need to be aware that the recent lowering of the diagnostic thresholds for gestational diabetes by some groups has resulted in more than twice the number of women classified with gestational diabetes mellitus (GDM), for which the benefits are not proven. This is also likely to lead to a further flow on effect for

people being unnecessarily screened for type 2 diabetes after pregnancy. We recommend the position taken in the RACGP's *General practice management of type 2 diabetes 2016-18* guidelines, which reflects current best practice, is formally adopted by the Government.

Goal 5: Reduce the impact of diabetes among Aboriginal and Torres Strait Islander peoples

Question 28:

The National Priority Actions identified in Goal 5 are adequate.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
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No comment.

Question 29:

With regard to the National Priority Actions identified in Goal 5, is there anything missing or what should change? (100 word limit)

The measures of progress and outcomes place greater emphasis on complication prevention and do not address the social inequity and determinants of health specifically impacting the alarming rate of diabetes. Due to the multiple intersecting health and social determinants plus co-morbidities, the absence of support for Co-ordinated Care and Supplementary Services programmes is notable. These may help co-ordinate care across multiple providers using a case worker, and also covers costs of specialists' appointments and equipment, which when combined with the *Close The Gap* PBS support helps overcome specific barriers relevant in this area.

Question 30:

The Strengthen Current Actions identified in Goal 5 are adequate.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
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Question 31:

With regard to the Strengthen Current Actions identified in Goal 5, is there anything missing or what should change? (100 word limit)

What is mentioned here is generic and non-committal. In addition to the specific programmes mentioned above, other programmes should be nationally co-ordinated. This includes subsidies in remote communities of fresh fruit and vegetable boxes that support food security (and sometimes may need to be supplemented with cooking skills, eg a community kitchen as well as ensuring that within communities people have access to housing with a reliable electricity supply, a working refrigerator (also required for insulin) and cooking facilities).

Question 32:

Are there relevant Potential Areas for Action for Goal 5 from the Australian National Diabetes Strategy 2016-2020 that should be included and prioritised in the Implementation Plan? (100 word limit)

Specific for Aboriginal and Torres Strait Islander peoples – the enhanced primary care plans with only 5 supported allied health visits is inadequate for this specific group identified as of high risk and high need.

Goal 6: Reduce the impact of diabetes among other priority groups

Question 33:

The National Priority Actions identified in Goal 6 are adequate.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
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No comment

Question 34:

With regard to the National Priority Actions identified in Goal 6, is there anything missing or what should change? (100 word limit)

Many of the actions fail to articulate what can be done to support general practice and patients living in regional or remote areas. Telemedicine as discussed in question 22 above may be one priority. Strengthening training and incentives to increase clinical support (practice nurse/physician assistants) specific for general practice across entire communities should be considered.

Question 35:

The Strengthen Current Actions identified in Goal 6 are adequate.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
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No comment

Question 36:

With regard to the Strengthen Current Actions identified in Goal 6, is there anything missing or what should change? (100 word limit)

Cultural community support workers with accredited training should be supported to initiate education and engage CALD/immigrant communities at identified higher risk with additional support to general practice.

Question 37:

Are there relevant Potential Areas for Action for Goal 6 from the Australian National Diabetes Strategy 2016-2020 that should be included and prioritised in the Implementation Plan? (100 word limit)

N/A

Goal 7: Strengthen prevention and care through research, evidence and data

Question 38:

The National Priority Actions identified in Goal 7 are adequate.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
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Question 39:

With regard to the National Priority Actions identified in Goal 7, is there anything missing or what should change? (100 word limit)

N/A

Question 40:

The Strengthen Current Actions identified in Goal 7 are adequate.

Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
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No comment

Question 41:

With regard to the Strengthen Current Actions identified in Goal 7, is there anything missing or what should change? (100 word limit)

N/A

Question 42:

Are there relevant Potential Areas for Action for Goal 7 from the Australian National Diabetes Strategy 2016-2020 that should be included and prioritised in the Implementation Plan? (100 word limit)

A national co-ordinated diabetes research database/library may assist identify specific research gaps, but also facilitate access for clinicians and researchers. Specifically, accessible and maintained general practice focussed database of diabetes data and clinical tools and resources independent of industry would be helpful.

Section C – Final comments

Question 43:

Please provide any other comments on the structure, readability and content of the Implementation Plan. (200 word limit)

General practice has the expertise and capacity needed for the identification and comprehensive management of type 2 diabetes. GPs are skilled at allocating levels of care to reflect the complexity of our patients. The RACGP's *General Practice Management of type 2 diabetes 2016-18* guidelines take a patient centred approach that promotes the individualisation and prioritisation of care and treatment. Work should be done to ensure care is targeted to those most in need.

Each goal (and its actions) in this implementation strategy should specifically engage primary care to ensure successful outcomes, yet scant mention of general practice and primary care and its effective engagement in implementation is noted in the document. Australian general practice remains a highly skilled workforce with the relevant knowledge to manage chronic diseases. General practice must be supported to remain the focus for sharing and collaboration across and within all health sectors.

The evolution of funding models must be sustainable to support primary care in delivering on these actions by promoting integration, and communication. A positive step forward would be bringing community based specialist services (face-to-face or telemedicine) within general practice. A sustainable model of the general practice "Medical Home" should be supported.

Fragmentation of care facilitated by projects and trials in either pharmacy or with other health providers corrodes co-ordinated care due to poorly developed processes of communication and low levels of evidence. The RACGP is well placed to provide solutions that are ultimately implementable and effective in this model of general practice.