

## **NZSSD President's Report**

It has been another busy year for the NZSSD executive and members.

There continues to be a close relationship between NZSSD and the Ministry of Health, with many members of NZSSD being members on the Diabetes Service Improvement Group, chaired by our medical director Paul Drury. This has facilitated real influence over policy in the Ministry. This is highlighted in the engagement on the five year diabetes strategy under current consultation. We continue to reap the benefits of a virtual diabetes register for both local and national planning.

The collaboration between NZSSD, Diabetes NZ and Refract putting together the online resources for health professionals and consumers has continued, with on-going input from Helen Snell and others. Uptake of the primary care nursing resource is growing. There is on-going discussion to formalise the relationship between NZSSD and Refract to ensure greater understanding of respective roles and responsibilities. We are hopeful that this platform will facilitate greater consistency and availability of information about diabetes for wider professional groups and consumers.

With an ever increasing prevalence of diabetes and an increasingly stretched specialist workforce, new models of care are evolving as part of the Diabetes Care Improvement Plans around the country. This is raising some important questions about the exact roles, structure, location and funding of specialist teams. This is an area that we will be taking leadership on over the next 12 months.

We are very grateful to the pharmaceutical industry for their on-going support of many activities of NZSSD. In particular a new research grant from AstraZeneca and the on-going support from Sanofi, Pharmaco, NZ Medical and Scientific and Eli Lilly of research through unrestricted grants, which are so critical for stimulating home grown research and researchers. Also, the support from Novo Nordisk and NZ Medical and Scientific for the Physicians meeting, and Novo Nordisk for the nurse prescribers meeting. The long tradition of excellent relationships between the pharmaceutical companies and the extended diabetes workforce continues.

I would like to thank Ole Schmeidel and Lorna Bingham for their on-going excellent work on getting the material for NewSweet, and to Jan Brosnahan for putting it together. They have continued to evolve NewSweet to keep it contemporary for the benefit of members.

A number of members of the executive are stepping down this year. I am particularly grateful to Owais Chaudhri for his excellent work as treasurer. He has done a wonderful job in steering us through some difficult financial times and leaves with us in good shape. Pauline Giles is also stepping down and Amy Savage returned to the UK at the end of 2014. Both have been excellent executive members who have willingly taken on roles and projects. We are therefore seeking replacements for them at the AGM.

Thanks to Kirsten Coppel, Ann Gregory, Lorna Bingham, Paul Drury and Ali Copeman for organising the ASM and once again to Tim Cundy for putting the scientific programme together. Kirsten has driven the innovative changes to the study days structure which I am confident will be a success. Steven Miller has again run the research grants committee and put together the programme for the physicians meeting. Kate Smallman has done a fabulous job as secretary. I would like to thank all of the members of the executive for all their hard work and support over the last 12 months, and we look forward to another productive and successful year in 2015-16.

*Jeremy Krebs*

*President*

## **NZSSD Medical Director Report**

Almost all aspects of NZSSD activity have been busy.

### **Our scientific meeting**

We have set a record of over 70 abstracts submitted for this meeting. Kirsten Coppell has taken a major role in organising the meeting and sorting out the programme (thank you, Kirsten), again in collaboration with Professor Tim Cundy. We hope you will enjoy hearing and seeing your own and colleagues' work. There is an excellent attendance already confirmed 3 weeks out from the meeting, and active study day programmes for each of the disciplines. Ali Copeman has again undertaken the organisation, as efficiently as ever, and we also thank the industry for their attendance and support.

### **Forthcoming meetings**

The 2016 ASM meeting will probably again be in early May and we hope to have finalised a venue and date by the time of the AGM. A brief reminder of the next global IDF meeting in Vancouver (end-Nov to early-Dec 2015); we hope many of you will either submit abstracts or attend – or both!

### **National issues and National Diabetes Services Improvement Group (NDSIG)**

There has been enormous activity and productivity on the national front. After publication of the ministerially-approved 20 Quality Standards for Diabetes Care, Helen Snell was commissioned to develop a Toolkit to support these. These have been well received at DHB level and have now become the de facto standards for assessment of local diabetes services. Virtually all DHBs have substantially 'improved their game' though there still remain too many inadequacies and too great a variation in service provision as can be seen for some areas on the HQSC diabetes atlas. NDSIG has also made progress in the subgroup areas of foot and eye complications, delivery of diabetes care, inpatient care, young people and type 1 as well as prediabetes and self-management support. I am very grateful for the commitment and time from members of the group, especially the subgroup chairs. The future of the group is currently being reviewed by MoH.

The Ministry team (led by Sam Kemp-Milham, Dr Helen Rodenburg and myself) have also managed to raise the profile and priority of diabetes within MoH and our new minister has asked for the development for a 5-year (2015-2020) strategy for diabetes in New Zealand as you will be hearing during our meeting. Please contribute your thoughts.

Other related national initiatives include the Chronic Kidney disease guidelines, unified podiatry work and updated Retinal screening guidance. I will expand on these.

### **Other issues**

There are two major Pharmac issues in progress – potential access to a wider range of agents for type 2 diabetes and the now-due 3-yearly review of meters and testing strips. While outcomes are awaited the approach has thus far been far more consultative than previous encounters. Please ensure that your voice is heard on these and future issues.

I'd like to thank the other members of the Exec - for all their hard work and support - and Jan Brosnahan for all her work in the background. Joint work with DNZ, ACDN, DSIG and PodSIG continues – it is a real pleasure to report the degree of consistency and collaboration, which has allowed us to speak with essentially one voice to the minister.

*Paul Drury*

*Medical Director*

## NZSSD Annual Report – Dietitians

The Dietitians NZ Diabetes Special Interest Group (DSIG) are grateful for this opportunity to report back to NZSSD about some of the key areas of work our members have been involved in over the last 12 months. Following from our AGM at the study day in 2014, key elements of our work programme include;

- **Standards of Care for Adults with Type 1 and Type 2 Diabetes:** DSIG members at the 2014 AGM were very keen to have the evidence-based dietetic Standards of Care for Adults with Type 1 and 2 Diabetes finalised and circulated to the membership. We are very pleased to have completed this action point and will review the standards in 2 years.
- **Integrated Knowledge, Skills and Career Framework for NZ Dietitians working in Diabetes Care (IKSCF):** We are grateful to NZSSD for their pledged support in taking this project forward and have agreed a timeframe to work towards completion. There will be monthly progress updates to the NZSSD Executive Committee as requested.
- **Inpatient Care:** The tasks and responsibilities of Diabetes Specialist Dietitians relating to inpatient care was explored across NZ and a job description developed to support the development of roles to meet the critical need for more specialist dietetic input in hospitals.
- **New Gestational Diabetes Guidelines – role of NZRDs:** We welcomed the publication of the clinical practice guidelines for Gestational Diabetes at the end of 2014. Members of the DSIG Diabetes in Pregnancy Network are currently looking at how Dietitians working across NZ can contribute to their implementation and develop a dietetic Standard of Care for GDM to support best-practice. We are also interested in looking at educational resources required, particularly to support those Dietitians working with women who have pre-GDM.
- **Primary Care Workforce:** Following on from previous reports, work has been undertaken by the DSIG committee to update the dietitian workforce data, including primary and secondary care FTE and capacity. As expected, there is inconsistent access to Dietitians with specific skills in diabetes management across NZ and integrated models of care highlight the need for further clarification on expected knowledge and skills in a variety of settings (see IKSCF).
- **Paediatric Diabetes Dietitians Network:** This Network was formed in December 2014 as part of the DSIG. It has been a great platform for the discussion of professional issues specifically relating to the dietary management of diabetes amongst children and adolescents. Through this network, DSIG had an invitation to attend the Diabetes Youth Conference in March 2014.

NZRDs work across a spectrum of roles in diabetes care and the DSIG continues to encourage our colleagues to join NZSSD and benefit from its expert multidisciplinary membership. This is evidenced by our ongoing support of the national professional study days held every year prior to the NZSSD annual scientific meeting. The Diabetes Dietitians Study Day is promoted widely through Dietitians NZ communications and the NZSSD website, and we are grateful to have the opportunity to hold our AGM at this event. We look forward to meeting with everyone in Wellington in 2015.

*Shelley Mitchell*

*Dietitians NZ Diabetes SIG Convener and NZSSD member*

## Report from the Aotearoa College of Diabetes Nurses

It is my pleasure to write the annual report for the Aotearoa College of Diabetes Nurses (ACDN). The main activities of the committee can be viewed on our ACDN website by Business & Operational plan.

A summary of main events are outlined below.

### **General:**

The National Committee continue to meet face to face on a quarterly basis to work on core business of promoting excellence in diabetes nursing in New Zealand through development of clinical practice frameworks, policy, education and research. Our membership remains steady 396.

There are three vacancies to fill on the National Committee.

### **Years Highlights:**

The National Committee have completed the Memorandum of Understanding (MOU) with NZSSD and this has been signed off. And a MOU with NZ Paediatric Clinical Network group is awaiting sign off.

Workforce development continues to be an area of focus for the coming year and Liz Allen has collated data, and will present this at AGM. We will support the work of the NDSIG (Maori nursing workforce in diabetes) were able.

**The Accreditation Board** which operates as a national sub-committee continues to work managing the accreditation process and portfolio applications.

As at October 2014, 76 College members have current Diabetes Nurse Accreditation (71 Nurse Specialist, 3 Nurse Specialty and 2 Nurse Practitioners). Our website is up dated with the latest information for applicants. The Accreditation board has recently undergone a review as part of the usual five yearly cycle review process. The National committee has made some recommendations to the accreditation board based on this review and are considering further recommendations over the next year. Changes to the current processes will increase efficiency and ensure both viability and financial sustainability.

**Grants:** ACDN grants were awarded for both national and international meetings to; Jill Julian, Gina Berghan, Diane Bermingham.

**AGM** Wednesday 6th May. There are currently three positions to fill on the National committee and one position on the Accreditation Board.

**Our Annual Study Day:** Tue 6<sup>th</sup> May just prior to the NZSSD conference continues to be well attended and feedback is positive. The theme this year will be Behaviour change and Diabetes. For the first time we are trialling combined morning sessions with all special interest groups with a Masterclass format.

**Website:** Gina regularly updates the website and I encourage members to view it regularly.

**On Target Newsletter:** I would like to the editor Pip Cresswell for the great job she has done in producing a newsletter that is informative, high quality, keeps members informed of activities, invites members for their input, encourages and shares news and is membership focused.

**Submissions;** the National committee continues with regular submissions as required to Pharmac and Ministry of Health with the latest being to Pharmac request for information on anti-diabetic agents

*Mary Meendering Chairperson*

*Aotearoa College of Diabetes Nurses/NZNO*

## **Annual Report from Podiatry Special Interest Group to NZSSD**

The Podiatry Special interest group has continued to work on projects that help support the delivery quality care for people with diabetes related foot pathology. We would like to take this opportunity to thank all those involved in the PSIG working group over the past year for the time and effort they have put in to support the those people with diabetes.

### **Meetings**

Meetings were held on the:

5 May before the 6 May 2014 Study day, 22 September 2014, 23 February 2015.

### **Study Day 2014**

The study day had 12 people attend, the Queenstown study day. A low turnout due to possibly the location and expense for private Podiatrists

### **Key points**

- **Draft Podiatry Competency Document**  
The PSIG working group are currently working on a Podiatry competency document for those working within Diabetes foot care. It is based on the United Kingdom document - 'Podiatry Career and Competency Framework for Integrated Diabetic Foot Care (TRIEPodD-UK, 2012)'. This went out to Podiatry arena late last year and PSIG working group has decided to change it based on a knowledge and skills document.  
This document is a huge undertaking and there has not been a document developed in New Zealand for Podiatrists, therefore it does need a lot more time given to it over the coming here, as it is changed to a knowledge and skills document.
- Podiatry New Zealand continues to work with PSIG as they develop a high risk foot care programme, which has started to roll out around the country. This is to ensure consistency of care is being provided by Podiatrists to people with diabetes. This is also based on the Diabetes risk and stratification tool and that it is used appropriately within the Podiatry field. This will then help it to filter out to other health professionals who work with people with diabetes.

### **To note**

- Michele Garrett is continues to represent the group on the MoH National Diabetes Advisory Group.
- Leigh Shaw, Fiona Angus and Steve York are on the committee for the Podiatrist registration board - regulatory authority.
- Alexandra Noble-Beasley and Fiona Angus are both on the executive board for Australian and New Zealand Podiatry Accreditation Council (ANZPAC).

### **Challenges**

There are still inconsistencies of podiatry services nationally, with there being improvements from some DHBs developing their primary care podiatry services. This has allowed these secondary care services to only see those who require specialist care.

*Michele Garrett and Claire O'Shea, conveners of NZSSD PSIG*

## Diabetes New Zealand Inc Report 2015

Diabetes NZ continues its work to inform and support those living with diabetes. Our perennial challenge – as for all charitable organisations – is ensuring adequate funding. Needs must we cut our cloth accordingly. We are also challenged by formal membership – people want our services but do not want to pay a membership fee. There is an inbuilt belief that anything health-related in NZ should be freely available. We are not spared the challenge of getting people to assist in the administration and work we deliver. Largely run by volunteers, these people remain our most precious resource.

Our Branches offer a variety of services according to local need and resource. These include educational meetings, support groups, foot clinics, children's camps, the Auckland HOPE (Healthy Options - Positive Eating) programme, public education at information days and health expo's, and a variety of local newsletters. Many work in partnership with their local PHO and other relevant NGOs e.g. Stroke Foundation, Arthritis NZ, Lions Clubs.

Underpinning these programmes has been the quarterly publication and continued improvement of the national magazine – *diabetes*; the revamping of the web site – [www.diabetes.org.nz](http://www.diabetes.org.nz) which had over 350,000 hits last year; continued contribution to development of [healthmentoronline.com](http://healthmentoronline.com) in partnership with the Refract group and NZSSD; the printing and distribution of print resources with more than 250,000 information pamphlets distributed representing a 15% growth through 2014, and operation of the 0800 number answering all manner of inquiries about diabetes. A Chinese language version of *diabetes and healthy food choices* is now available and a Hindi one is in production.

Collaborative work with the Diabetes Project Trust is underway to provide more Pacific language resources as well. Diabetes Youth ran a series of podcasts on radio and Diabetes NZ is working on running regular radio slots on a national Pacific radio network. This year will see a 2½ day conference again after having a single fly-in; fly out day in 2014. Our conferences are a very important part of our programme but increasingly difficult to fund in the wake of withdrawal of much industry financial support.

A partnership between Pharmaco and the YMCA in Auckland under the oversight of Diabetes NZ has seen the development and launching of Jumpstart which is a health and fitness programme for people with or at risk of type 2 diabetes. The intent is to make these programmes available across the country.

Greater awareness in the activities of and involvement as active members of IDF is happening. Karen Reed is the IDF champion within the organisation. NZ's second Youth leader (Emily Wilson) has just been elected and will begin the youth leadership training programme with IDF. The theme for Diabetes Awareness Week in November will follow that of the IDF. **Act Today to Change Tomorrow** seemed a relevant message equally applicable to those at risk of diabetes as those already living with it.

As most will know our CEO, Joe Asghar, departed Diabetes NZ last December. Steve Crew, currently Manager of Wairarapa Hospital, has subsequently been appointed to the role and starts on May 18. Kim Holden joined in a pilot role as diabetes regional educator. Kim's location of work is in the lower North Island. The organisation now also has a part time dietitian who is kept busy developing nutrition resources as well as answering the infinite food related questions all people with diabetes seem to have. Recently appointed is a Business Development Manager who starts in May and will be Auckland based. Diabetes NZ

recognises the need to develop a range of sustainable funding streams and this role will be charged with making that happen.

Advocacy on behalf of those who live with diabetes is an important part of our activity and Diabetes NZ has been actively involved in discussion and consultation with the HPA, PHARMAC, the Ministry and the Minister, ANA, HQSC (for Safe Medicines, specifically insulin, and the Diabetes Atlas of Healthcare Variation), Podiatry NZ, and NDSIG (Nat Diabetes Services Improvement Group). It is pleasing to note that diabetes is often now centre stage in national health conversations.

We gratefully acknowledge the collegial relationship shared between our two organisations and the professional support and clinical oversight many of the special interest groups and individual members offer us. Very special thanks are extended to John Wilson who represents NZSSD on our Advisory Council and is an active contributor to the organisation.

While proud of our achievements over the past year the need for our services remains great. Our intent is to maintain our delivery against this need.

*Chris Baty, National president*

*Diabetes New Zealand Inc*