

NZSSD President's Report 2014

This has been my first year as president of NZSSD and having not previously been an executive member, there have been a number of procedural and constitutional areas that I have needed to get up to speed with. I thank the longer serving members of the Exec for their patience and support as I have done this. We have had another busy year both with new endeavours and on going work.

The great work that has been happening over the last few years in a collaboration between NZSSD, Diabetes NZ and Refract putting together the online resources for nurses and consumers has continued, with on going input from Helen Snell and others. The primary care nursing platform is being rolled out and the consumer platform launched. In addition there has been development of a PHARMAC sponsored module specifically related to drugs used in diabetes management. The concept of modules specific to inpatient management of diabetes is being explored. There is on going discussion around access to these various modules for NZSSD members, and for wider professional groups.

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.

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 NZ Medical and Scientific and the ongoing support from Sanofi, Pharmaco, 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 NZMS for the support of the Physicians 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 excellent work on getting the material for NewSweet, and to Jan Brosnahan for putting it together. They have introduced some new themes and ideas to NewSweet this year and it is great to see it evolving and developing over time.

The nurse prescribing pilot project that NZSSD has supported has been received favourably and Workforce NZ is now moving to roll this out to up to 100 nurses. This excellent initiative will make an enormous difference to the way diabetes teams can deliver quality services to people with diabetes.

A number of members of NZSSD are heavily involved in the National Science Challenge, particularly challenge 3 – Healthier Lives. Jim Mann is heading this challenge, and whilst the process has at times been difficult, the increased collaboration between researchers from

around the country will ultimately be worthwhile. We have chosen to focus on the area of prediabetes and trying to prevent its progression to type 2 diabetes.

Several members of NZSSD, in particular Michelle Downie, have been involved in producing the recommended guidelines for diagnosis and management of gestational diabetes. Their efforts to produce an evidence based and rational approach to this highly controversial area has been invaluable.

The financial pressure that was identified by the previous executive has been eased by the measures voted on at the last AGM in 2014. We are very grateful to Paul Drury for accepting changes to his remuneration as Medical Director and to Jan Brosnahan for reducing her secretarial hours to achieve this.

Thanks to Paul Drury and Ali Copeman again for organising the ASM and to Tim Cundy for putting the scientific programme together. I would also 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.

Jeremy Krebs

President

NZSSD Medical Director Report 2014

There is still an awful lot going on. While I don't work dedicated hours for NZSSD any longer there seems to be more on the agenda each year.

Our scientific meeting

It is again good news to see such a large number of abstracts submitted for this year's meeting, covering a wide range of topics. Sorting them into a coherent programme is never easy, and we're particularly grateful to Professor Tim Cundy for undertaking some (much-needed) editing to make them easy and accessible for you.

Forthcoming meetings

The 2015 ASM meeting will be in Wellington, probably over the same week in May as this year. The precise details have yet to be finalised but will be communicated as soon as available. We do recognise the increasing difficulty that many have in obtaining funding to attend; this can only really be resolved by making some educational funds a condition of employment contracts; our conference costs are cheap in comparison with many other societies. Once again Ali Copeman has undertaken the organisation extremely efficiently and cheerfully and we thank the industry for their attendance and support.

One other meeting you should remember is the next global IDF meeting in Vancouver (Dec 2015); we hope that many of you will both submit abstracts or attend.

National issues and National Diabetes Services Improvement Group (NDSIG)

Most of you will know that I chair this committee. While the concentration of the Ministry last year was on the Diabetes Care Improvement Packages (DCIP), there was additional budget money for local priorities and there is immense interest in diabetes at all levels of the Ministry. The group has developed 20 Quality Standards for Diabetes Care to help guide funders, while also making progress in the subgroup areas of prediabetes, self-management support, inpatient care, foot and eye complications, young people with type 1 and the delivery of diabetes care. The real limitations and roadblocks lie mainly within Planning & Funding departments and within PHOs and practices, though with some glaring local deficiencies in adequacy of specialist expertise and delivery. I would repeat that all feedback indicates a desire to have a single national plan with 20 local flavours rather than 20 different plans, and to see transparent data on quality of care with realistic indicators and outcomes. We will be working on the standards to drive improvement and to provide better quality, quantity and consistency of care nationally.

The Ministry team have changed over the past 18 months (now led by Sam Kemp-Milham) but there is great commitment to support high quality teams and improve care where currently inadequate. There are several projects in prediabetes, a guideline for DSME, some

support from HQSC for work on inpatient safety to name only a few. Other MoH groups have produced guidelines for Gestational Diabetes and Chronic Kidney Disease. We are now moving towards a broader strategy for future diabetes care, though it is still hard to advocate successfully for primary prevention. I will talk more but must thank the group members, especially chairs, for their prolific output.

Other issues

We are trying to encourage more sharing of initiatives and successes rather than as purely local projects and would appreciate a 'heads up' of local work to help drive some national solutions.

I'd like to thank the other members of the Exec for their support, Jan Brosnahan for all her work in the background and for the continuing collaboration with DNZ, ACDN, DSIG and PodSIG. Each of these groups has worked hard and collaboratively, which makes it easy to give a coherent message to the Ministry and Minister.

Paul Drury

Medical Director

Diabetes New Zealand Report

Being our first year of existence as a unified organization, a large focus was on making the transition into a single entity, a process likely to take 2-3 years. Generally our 22 Branches have positively stepped up to the new systems and processes now in place as part of the organisation's move to becoming fit for purpose. Given business as usual continued apace while the size of the National Office team did not grow, demands on staff, especially, increased.

We have seen a number of new Branches join and other groups expressing interest to do so. To support this, much work has gone into developing and implementing new policies for the organisation in order to ensure fitness for purpose. These will keep us strong; minimize our risk while maximizing our integrity and credibility.

The past year has seen an increased recognition not only of the organization but of Diabetes, and a significant increase in requests for us to contribute to and consult on policy and other initiatives, from a variety of sources including: NDSIG (National Diabetes Services Improvement Group), Health, Quality and Safety Commission (HQSC), Gestational Diabetes Guidelines Group and the Ministry of Health.

Raising awareness and advocacy work has grown exponentially including participation in the above, speaking at conferences and giving presentations. Conferences addressed include: Institute of Strategic Leadership; Pharmacy Brands; Medicines NZ; NZ Healthcare Congress; Goodfellow Symposium; Not for Profit Conference, Orthotics NZ.

On behalf of Diabetes NZ the priorities for action submitted for the NDSIG for 2013 were:

- National Sharps disposal scheme.
- Pre-diabetes – a guideline for identification and management.
- In-patient care - to include protocols for day surgery and dental procedures
- The growing issue of support for insulin users who can no longer administer their own insulin safely (vision, arthritis, dementia).
- Support of adolescents and young adults mostly with type 1.
- The importance of consumer involvement in Local Diabetes Teams (LDTs) or their equivalent.

Much work has been undertaken with PHARMAC from submitting on consultation documents (pumps and meters) to acting as a conduit of information for members. The change of meters was very significant for our community and placed heavy demands on Diabetes NZ Executive and Office Bearers. Diabetes NZ worked to ensure the process for transition to the new meters was as complete as possible with no groups marginalized. We also worked with the relevant government organisations to ensure that people with meter concerns had legitimate channels through which to raise them.

In the past year other business that has been delivered has included: reviewing the Diabetes NZ Awards, Life Membership and the Sir Charles Burns Awards, delivering our national conference, running Diabetes Awareness Week, our contribution to the Knowledge Platform project, establishment of the Sir Don Beaven Research Fund (with a \$2.5million target), establishing an oversight role in the development of a joint community-based, activity focused programme for people with type 2 diabetes between YMCA and Pharmaco which has been piloted with the participation of staff from the Auckland Branch. Diabetes NZ also increased its active involvement in IDF during 2013.

Thanks go to our specialist advisors, especially Dr John Wilson representing NZSSD, but also to the participating representatives of Te Rōpū Mate Huka ō Aotearoa, Pacifika peoples and Diabetes Youth NZ. We thank these people for their commitment and input and for keeping us honest and honed in our desire to do what is best for all people with diabetes.

Just as we thank our specialist representatives so too do we acknowledge the enormous effort of all those others involved in keeping Diabetes NZ functioning and highly productive against great odds – at both national and Branch level are the volunteers, the governors - especially the office-bearers, the Patrons and above all the (very few) staff. Diabetes NZ acknowledges too the great collegiality of the various sector groups and regards this as a great strength as we all work together contributing whatever we do best for the greater good of all those in NZ with diabetes.

Upon review of the most recent Branch activity survey the richness and range of accomplishment, and the value of what is being done was notable. Each six-monthly survey reveals greater achievement than the last – and of particular note is the more confident reaching out to do things with local Maori and Pacific communities. Diabetes NZ is getting better at delivering what is our unique offering. Ours is not a clinical role but diabetes is a long term condition that has to be lived with. We are the experts at that and this is our unique and high-value contribution.

Chris Baty

National President

Diabetes NZ

Annual Report – Diabetes Dietitians

As convener of the Dietitians NZ Diabetes Special Interest Group, I am 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. There are 26 NZ Registered Dietitians (NZRDs) who are members of NZSSD and these individuals are usually also active members of the Dietitians NZ Diabetes SIG.

NZRDs work across a spectrum of roles in diabetes care and we are looking to encourage and broaden membership within NZSSD over the coming year. A highlight of the year is the Diabetes Dietitians Study Day, which could not happen without NZSSD's ongoing support and involvement. The 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. It's not often we have the opportunity to get together to learn, network, and share ideas about the expanding role of Dietetics in diabetes. We therefore encourage all NZRDs who are interested in diabetes to attend the study day.

In 2013 we had 15 attendees at the AGM. Ann Gregory, SIG convener at the time, and now a co-opted member of the NZSSD Executive Committee, chaired the meeting. Ann is also a member of the MoH Diabetes Service Improvement Group and recently revisited the national Dietitians workforce data, which highlights an urgent need for more NZRDs with specialist skills in diabetes care. The data also possibly under-represents the extent of input from Dietitians working in Primary Care or for PHO providers. This warrants further examination both in terms of inconsistent access to Dietitians across NZ, and the knowledge and skill expectations as integrated models of care are introduced. A very special thanks to Ann for all her hard work over the years and ongoing commitment to ensuring expert dietetic care is available to all people with diabetes.

The Dietitians NZ Diabetes SIG committee, most of whom are also NZSSD members, have met via teleconference three times this year to work on core business. This includes re-defining the committee's aims and objectives, national resources, standards of care, competencies etc. The SIG continues to provide a national forum for its members to share best-practice advice / experiences and support each other in a changing work environment.

Key gains for 2013/14:

- **Integrated Knowledge, Skills and Career Framework for NZ Dietitians working in Diabetes Care (IKSCF).** In 2013, a national working group (11 members) formed to address the need for a comprehensive framework that would be adopted nationally. This group met twice to review similar documents from both NZ and the UK, and have in-depth discussions about how such a framework could look given the range of skills and expertise Dietitians require across a variety of sectors i.e. public health, primary care, specialist teams working both in secondary care and integrated with primary health care providers.

A proposal to complete work on the IKSCF was discussed at a number of professional / executive meetings. The response was overwhelmingly positive in terms of supporting the principle of an IKSCF for Dietitians and avenues to finalise this work, ready for early implementer sites in 2014, are being actively sought.

- **Diabetes in Pregnancy Network (DiP)** – we now have a DiP Network within the Dietitians NZ Diabetes SIG, led by Elaine Chong. We have had input into the Dietitians section of the new Badgernet software that will be available to secondary care teams across the DHBs. We are also keenly awaiting the launch of the new GDM guidelines to then review our National Standards of Care for Diabetes in Pregnancy.

From 2013 all NZRDs graduate with a Masters-level qualification and as Dietitian Prescribers, therefore we have a group of highly skilled individuals entering the workforce; some of whom are interested in diabetes and seeking an area of clinical practice with an attractive career pathway. We urge all Dietitians and their MDT colleagues to encourage new graduates to develop skills in diabetes care and participate in the professional activities described above that will make us strong in the ever-changing world of diabetes.

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 the ACDN website by clicking on the Business & Operational plan and meeting minutes. A summary of main events are outlined below.

General:

The Executive 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. Membership of the section remains steady 390.

Nominations for National Committee: there are two vacancies to fill.

Years Highlights:

College status was achieved and my thanks go out to all members and in particular to the exec, Accreditation board members, Angela Clark (PA) and NZNO admin support who worked hard to achieve this. The benefit of making this transition is to improve accountability, systems and processes and raise the quality/standard and credibility of the College of Diabetes Nurses governing body.

The Accreditation Board which operates as a national sub-committee continues to work tirelessly in assessing portfolios on a twice yearly basis. As at April 2014, 66 College members have current Diabetes Nurse Accreditation. The board have recently incorporated into the accreditation process a Nurse Practitioner (NP) pathway. This process was supported by NPs Helen Snell and Pauline Giles who have agreed to be assessors for future NP accreditation portfolios. The associated documentation is available on the website. The board has also provided clearer access to mentors for diabetes nurse specialist accreditation and these details are also on the web site.

Grants: The Eli Lilly Nursing Research Award is being offered again in 2014; however they were not able to support the grant round as well as previous years. They have put forward \$10 000 in total, through NZSSD. Information is available on the NZSSD website.

ACDN grants were awarded for both national and international meetings to; Vicki Corbett, Sarah Willacy, Mary Meendering, Karen Davis and Claire O'Brian.

The ACDN AGM (Wednesday 7th May) will present a rule remit aligning the College rules to NZNO rules. This required only minor changes to formatting with no change to the intent of our rules. A discussion document has also been prepared and sent out prior to the AGM proposing an honorarium be paid to office holder positions within the executive committee.

Aotearoa College of Diabetes Nurses Annual Study Day: Tue 6th May prior to the NZSSD conference, this runs concurrently with the other special interest groups; Dietitians', Podiatrists and Primary Health Care nurses. As some sessions are shared this provided a great opportunity for multi-disciplinary learning. The theme for the day was Cardiovascular Disease and Diabetes; the content endeavours to support advanced nursing practice, nurse prescribing and was interesting and varied.

Website: the website has been up dated and I encourage members to view it regularly.

On Target: newsletter has been redesigned and I would like to congratulate the outgoing editor Jane Wilkinson 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.

ADEA: this year on behalf of the ACDN Helen Snell was able to meet with our Australian counterpart ADEA. They were particularly interested in the Diabetes nurse prescribing. We will continue to develop this relationship.

Submissions; the exec actively works on submissions that meet the aims and objectives of the College.

Future area of focus 2014/2015: to meet the objectives of the Business and Operational plan

Mary Meendering
Chairperson
Aotearoa College of Diabetes Nurses/NZNO

Annual Report from Podiatry Special Interest Group to NZSSD 2013

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. Representation on the executive has been stable as the committee complete their 2 year elected cycle of service. It has representation from included the majority of DHBs that provide specialist diabetic foot ulcer services from both the South and North Island as well as representation from Podiatry New Zealand and members that serve on the regulatory authority. We would like to take this opportunity to thank all those involved in the executive group over the past year for the time and effort they have put in to support the outcomes we have achieved.

Study Day 2013

The study day had 25 people attend, a great turn out from all the Hawkes Bay Podiatrists. The feedback from the day was very positive.

Meetings

We have held an AGM plus three other meetings and continued involvement in various projects.

Meetings were held on the:

6 May before the 7 May 2013 Study day, 23 September 2013, and 17 February 2014

Key points

- Work has continued on the Diabetic foot assessment form for podiatrists. This is to support the standardisation of assessment, data collection and care planning.
- Diabetes NZ pamphlet has now been completed and is available on their website
- Work has started on adapting the series of pamphlets from the Scottish Foot Action Group. These pamphlets provide patient information on the individual levels of foot risk as well as holiday feet, Charcot foot and caring for a foot ulcer.
- Diabetes Pathway of care document
- Last year at the NZSSD annual conference the NZSSD PSIG working group launched the pathway of care for diabetes related foot care based on the Scottish Foot Action Group document to the NZSSD members. Karyn Ballance presented this to conference on the second day of the conference and it was very well received. It has been accepted by NZSSD and is now available on the NZSSD website.
- It is being used by the PHO Midlands Health Network – Waikato and Taranaki and is being rolled out for Auckland DHB and Northland.
- Podiatry Competency Document
The NZSSD 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)'

To note

- IWDFG has a new representative as Angela Bayley has moved overseas. The new representative is Mr Nigel Willis Orthopaedic Surgeon from Wellington. The PodSIG is working towards making links with Mr Willis so he can be informed regarding the work happening within New Zealand.
- Michele Garrett continues to represent the group on the MoH National Diabetes Advisory Group.

Challenges

These are similar to previous years, ensuring equitable access and outcomes for all people with diabetes. Service improvement relies on reliable relevant data to plan for population needs to provide effective foot care services. Currently there is no such database.

Māori continue to bear a greater burden in diabetes related lower limb morbidity with higher rates of lower limb amputation.

Limited provision of podiatry services within DHBs continues to be a barrier to workforce development and planning.

Michele Garrett and Claire O'Shea conveners of NZSSD PodSIG