

# ST VINCENT'S HEALTH NETWORK SYDNEY DIABETES PLAN 2023 – 2027



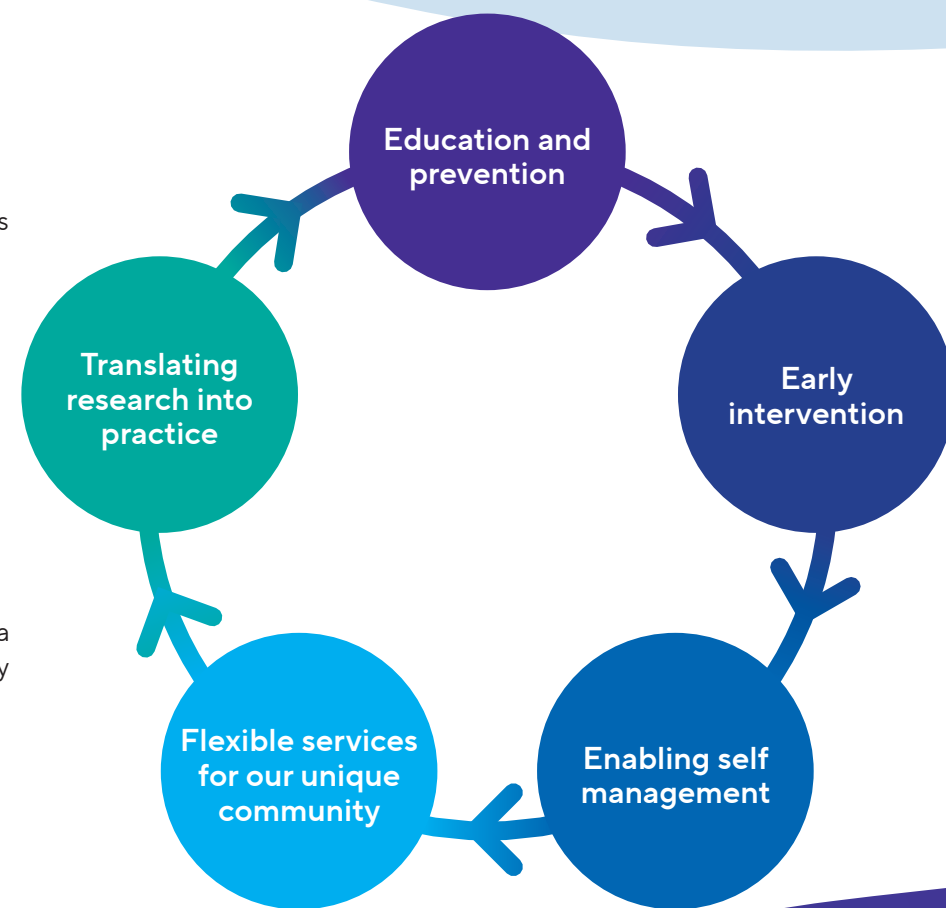
Diabetes poses a significant public health challenge in both Australia and Worldwide. As a chronic disease, it has wide-ranging effects on the body and necessitates lifelong management. In NSW, approximately one in 11 individuals aged 16 years and over have diabetes, a substantial increase from previous years.

The St Vincent's Health Network Sydney's (SVHNS) Diabetes Service specialises in providing comprehensive care for diabetes patients, including some of the most complex, multi-morbid patients in NSW, such as heart and lung transplant patients, and priority populations including mental health and people experiencing homelessness. The Diabetes Service is working to bridge the gap between paediatric and adult services by offering a specialised Diabetes in Youth Service, ensuring seamless care for young transitioning patients at risk of being left without appropriate support.





Our Diabetes Service is highly regarded and achieved official recognition as a Centre of Excellence by the National Association of Diabetes Centres (NADC), currently only one of five such centers in Australia. Additionally, our High Risk Foot Service (HRFS) has received recognition as a Centre of Excellence through the NADC Collaborative Interdisciplinary Diabetes HRFS Accreditation Program, making it one of three in NSW.

We deliver high-quality, evidence-based medical care, education, and support for individuals with diabetes, whether they are receiving inpatient or outpatient treatment. We offer hospital avoidance via a rapid access clinic, diabetes and dietetic education, as well as group education programs specifically for type 1 diabetes. Additionally, the service extends its outreach to priority populations, providing diabetes care and support at locations such as Matthew Talbot House, Homeless Health clinics, and Parklea Prison.

Through this plan, our Diabetes Service aims to collaborate with partners to facilitate integrated care and improve health outcomes for individuals with diabetes, aligning to NSW Health's Statewide Initiative for Diabetes Management. We are committed to providing leadership in education and enhancing the capacity of primary care providers, empowering patients to self manage, improving access to quality care for those in rural and remote areas, and maintaining our research leadership through a strong connection with the Diabetes and Metabolism Research Group at the Garvan Institute of Medical Research.



# DIABETES PLAN 2023 – 2027

OUR PRIORITIES	OUR VISION	HOW WE WILL DELIVER
 <p><b>STRENGTHENING DIABETES MANAGEMENT</b></p>	<p>We will deliver unparalleled, high-quality care to our community and support capacity building in primary care</p>	<ul style="list-style-type: none"> <li>• Build capacity within the community to better manage diabetes and embed a framework for self-management support</li> <li>• Embed models of care that support a seamless patient journey and positive patient experience, focusing on better integration of all aspects of diabetes management at SVHNS and connections to primary care</li> <li>• Pioneer technological advancements and innovative solutions to optimise the delivery of care</li> <li>• Create a digital information and education portal, providing a comprehensive resource for diabetes treatment, services and research at St Vincent's to support prevention and early intervention</li> <li>• Reduce access barriers to specialist support for our priority populations</li> </ul>
 <p><b>PARTNERING FOR INTEGRATION</b></p>	<p>We will leverage our reputation and relationships to establish new and innovative service offerings and better integrate care</p>	<ul style="list-style-type: none"> <li>• Work with people living with diabetes to co-design services that are person-centred and enable them and their families / carers to participate in decision making and their ongoing care</li> <li>• Support and build capacity for primary care providers, and identify opportunities to improve communications with and provide a structured process for upskilling and education in primary care</li> <li>• Collaborate with partners to support integrated service planning and care delivery</li> <li>• Partner to establish new and innovative service offerings across the care continuum, especially for priority populations</li> </ul>
 <p><b>RESEARCH LEADERSHIP</b></p>	<p>We will pioneer medical research and provide a seamless link between clinical research and practice to maximise translation of findings</p>	<ul style="list-style-type: none"> <li>• Set the agenda for diabetes research through continued collaboration with the Garvan Institute of Medical Research and UNSW Sydney, where all of our Specialists have conjoint appointments</li> <li>• Establish a seamless link between clinical research and practice for efficient translation of findings</li> <li>• Create a global platform and empower our healthcare professionals to take on leadership roles in influencing health policy related to diabetes care</li> <li>• Readily integrate evidence-based practices into healthcare protocols given our commitment to maximising the translation of research findings. The Diabetes Service will continuously evaluate and implement the latest research to provide the highest standard of care and treatment options for all</li> </ul>
 <p><b>CLINICAL EXCELLENCE</b></p>	<p>We will develop and support strong clinical leadership capabilities, enabling a national platform to influence health policy and capacity</p>	<ul style="list-style-type: none"> <li>• Continue our Centre of Excellence legacy, and continue to support innovation and growth</li> <li>• Enable flexible and agile service design that is responsive to patient needs and changes in the community, including the increasing demand of complex multi-morbid patients requiring diabetes care seen through St Vincent's Hospital, through ongoing prevalence studies, clinical data and patient experience measures</li> <li>• Develop a sustainable workforce plan that meets the current and long-term needs of our patient population, including specialised support, multidisciplinary teams and links to state-wide services.</li> <li>• Embed a culture of continuous improvement within the Diabetes Service through regularly assessing service offerings, soliciting feedback from patients and healthcare providers, and utilising data analytics to identify areas for improvement</li> </ul>