

**Submission  
No 239**

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO  
HEALTH AND HOSPITAL SERVICES IN RURAL,  
REGIONAL AND REMOTE NEW SOUTH WALES**

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**Date Received:** 10 December 2020

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10<sup>th</sup> December 2020

**Parliamentary Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales – Kate Ryan (Registered Nurse/Credentialed Diabetes Educator)**

## **INTRODUCTION**

Significant challenges exist for health care providers in the management of chronic disease, particularly diabetes in rural, remote and regional areas. This brief provides commentary on the Terms of Reference Item G, in the Parliamentary Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales. The brief lists two significant challenges in rural diabetes management and proposes that an increase in, and equitable allocation and distribution of Nurse Practitioners (NP) in and across health services can offer real solutions to the challenges and gaps in diabetes care and service delivery.

## **SITUATION**

NP's are a potential workforce solution to the growing demand in primary health care to help service chronic diseases such as diabetes which is prevalent and continues to grow due to our ageing population and increasing obesity levels. As advanced clinicians, NP's are endorsed to assess and manage patients by prescribing medications, initiate pathology and diagnostic imaging investigations and refer to other service providers all of which is underpinned by strict standards of care. NP's support existing health care providers in managing patients, often in specialist fields such as diabetes, and despite both economic and political barriers in realising their full potential, NP's perform to a high standard within their allowed scope of practice.

Across Australia Less than 1% of the nursing workforce operate as NP's (Schwartz 2019, p13) with approximately 66% now situated in major cities (Australian Government Department of Health, 2017) and operating in acute care settings. This was not the original intention of the NP model, to service metropolitan areas and has left a sour taste amongst the rural nursing fraternity who often feel unsupported and inadequate in the care they provide to their communities. Despite the demand for high quality health care in rural areas Local Health Districts (LHD) with their current business models will (mostly) determine where budget is placed and more must be done to ensure transparency of funding, application and allocation of NP's across the acute and community sectors to ensure gaps in rural areas are addressed.

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## **BACKGROUND**

Globally diabetes is the fastest growing chronic condition and is one of eight National Health Priority Areas in Australia largely due to the morbidity and mortality rates that contribute to national health costs. In 2017-18 one in twenty Australians (4.9% or 1.2 million people) had diabetes (ABS, 2018). It is currently the 6<sup>th</sup> leading cause of death in Australia and costs our health economy an estimated 20 billion dollars annually (Mueke, 2020). Evidence shows that Aboriginal and Torres Strait Islander people are almost four times more likely than non-Indigenous Australians to have diabetes or pre-diabetes. It is the leading cause of blindness in working adults; the leading cause of kidney failure and dialysis; increases the risk of stroke and heart attack by 4; is a major cause of limb amputations (with a 5 year mortality rate) and affects mental health (Diabetes Australia, 2020). According to Mueke (2020) this year there has been 12 times more deaths from Type 2 diabetes than COVID 19.

## **ASSESSMENT**

Two areas in particular which are most challenging in rural areas for diabetes management are the management of Type 2 Diabetes in GP practices and the increasing medical technology associated with diabetes management. An overview of each of these is listed below:

### **1. Management of Type 2 Diabetes in GP practices**

GP's are central services providers in managing diabetes in rural and remote areas and should be well supported to do this given the limited access to public and private specialist care in the form of endocrinologists, nurses (including NP's) and allied health staff.

A cross-sectional study (Thepwonga et al., 2014) of GP's practicing in rural and remote Australian communities with populations between 10 000 and 30 000 showed that deficits exist in GP knowledge and confidence in managing patients with diabetes, particularly around pharmacological and technological treatments. Anecdotally this seems accurate as can be seen from the increased prevalence of diabetes complications and the current GP fee for service model that is more suited to acute short term conditions rather than the prevention and management of chronic illnesses. This coupled with the increased mental health burden associated with diabetes contributes to poor health outcomes. It seems the current model of care ticks a box without any long term planning to assist in the prevention of diabetes related complications.

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Supporting our medical colleagues with NP enhancement should be seriously considered as a viable option in assisting in the management of diabetes patients. This thought is supported by Thepwonga et al., (2014) who highlighted that more than 90% of GP's felt diabetes nurses were valuable in the overall management of Type 2 diabetes patients despite the difficulties in access to them. NP's would help to facilitate the expertise required to enhance GP knowledge regarding diabetes management, and could be vertically integrated into the healthcare system to act as a link between healthcare provider and patient. This model of the GP at the centre of the 'health hub' with NP support offers a sustainable and effective solution to help provide a more tailored approach to patient centred care than what currently exists.

**2. Increasing medical technology associated with Diabetes management**

Diabetes related technology is rapidly evolving making it difficult for healthcare providers to adequately support patients who are reliant on the technology. There are limited to no dedicated NP's in some rural and regional areas to explicitly support patients and staff in the technological management of diabetes. Being able to download insulin pumps and review continuous glucose monitoring devices has become a critical aspect of management in the past five years and most medical practitioners and other health service providers do not have the expertise nor the time to do this, and the successful management of diabetes patients is reliant on the information. NP's as experts in their field would provide regular and relevant information on the use and management of technological devices to staff across areas including emergency departments, inpatient sites, GP practices and schools. This coupled with education for patients and their families would vastly improve outcomes for patients and in using evidence based methods would reduce unwanted variation in care and reduce risk in the management of diabetes.

**RECOMMENDATION**

Given the shortage of rural and regional diabetes specialists resulting in the limited ability to prioritise patient centred care urgent consideration should be given to:

1. introduce more NP's with advanced nursing skill and ability to assist and support our medical colleagues, particularly GP's in the management of diabetic patients; and
2. enforce the application of geographical equity in the distribution of NP's across LHD's when allocating positions

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