



Speech by

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MEMBER FOR INALA

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DIABETES PREVENTION

Ms PALASZCZUK (Inala—ALP) (12.07 pm): Under Toward Q2: Tomorrow's Queensland, one of the Bligh government's key targets is to make Queenslanders Australia's healthiest people. The future wellbeing and wealth of Queensland relies on healthy people, healthy communities and a healthy workforce. Prevention, early action and new forms of treatment are vital to a healthy future. We all have a responsibility to ourselves, our families and our communities to do all we can to stay healthy.

Today, I would like to focus on prevention and new forms of health treatment in relation to diabetes. The number of people with diabetes, both nationally and globally, is increasing dramatically. It is estimated that over 180,000 Queenslanders have type 2 diabetes. Of even greater concern is that evidence suggests that thousands of Queenslanders are not managing their diabetes well, placing themselves at significant risk of complications and further hospitalisation.

I would like to congratulate the member for Kurwongbah, Linda Lavarch, for organising a presentation to the Queensland Parliamentary Diabetes Support Group on World Diabetes Day last month. It was at this breakfast that I first heard of new and innovative approaches that are being used in the treatment of diabetes.

I am sure everyone knows someone who has diabetes. The alarming fact is that more and more people in Queensland are being diagnosed with it. The statistics indicate further that one in five people over the age of 65 years has diabetes. The truth is that, at times, managing diabetes can be difficult.

In my electorate, people struggle to pay the grocery bills and the rent, let alone the cost of travel to the PA Hospital and associated medical expenses. In fact, Dr Russell even suggested to me that many times the patients in my electorate purchase only half of the medication they need owing to the fact that they simply do not have the money to afford the medication. That means that their diabetes becomes even harder to manage.

The Inala Chronic Disease Management Service is a new model of care for the management of diabetes. This pilot project is funded by a Queensland Health innovation grant of \$1.2 million. The primary aim is to reduce the number of people from Inala visiting the PA and to manage people's diabetes locally by training up local GPs and providing other support services locally, removing the need for the patients to travel and commute to the hospital. Therefore, this model aims to move the current model of care for diabetes out of tertiary hospitals and into the community.

The team led by Dr Anthony Russell, Director of Diabetes at the PA Hospital, believes that, by building the capacity of the primary care sector and by providing care in the community, patients will be better equipped to self-manage. The results speak for themselves. Dr Russell's paper states—

The preliminary data suggests that the Inala project is achieving significant clinical outcomes that are equivalent to or even better than that achieved in a tertiary referral hospital. There is good published data to suggest that these clinical outcomes will directly translate into a reduction in complications and deaths from diabetes and hence reduced admissions to hospital and utilisation of hospital resources. The service is efficient with a high new review ratio of patients being seen and anecdotally the majority of patients prefer to be managed locally in the community rather than at the Princess Alexandra Hospital. Upskilling the GPs should have the flow on effect of altering referral patterns to the specialist and this has been demonstrated by one of the GPs who has initiated an insulin stabilisation program at the Inala Indigenous Health Service.

Essentially the pilot project clearly showed that better results are achieved if patients are managed in their own local community. The results clearly indicate that this model can and should be rolled out to other communities. We already have the evidence as to which postcodes have been registered to contain in those areas people living with diabetes and these further trials can be expanded.

Self-management of diabetes can at times be difficult. We need to empower individuals to better manage their diabetes and we need to educate the rest of the community to increase their awareness and knowledge about diabetes. Dr Chris Michaelides notes that—

Diabetes is a multi-system disease with no preference for culture, gender, age or address. And further that the foundation of all care in the management and prevention of diabetes is lifestyle—inclusive but not restricted to exercise and the quality and quantity of food.

As a government, we have a responsibility to encourage all Queenslanders to eat well and be active. We have a responsibility to educate the community about good lifestyle choices. We know that recent surveys have revealed that in Queensland 75 per cent of people do not know that family history is a risk factor for developing type 2 diabetes. We know that type 2 diabetes can be prevented by greatly increasing lifestyle factors such as including exercise and reducing high blood pressure and cholesterol. The results demonstrate that the Inala prevention model does work. As a government, we need to embrace the results and roll out this program. The Bligh government is committed 100 per cent to making Queenslanders healthy. The management of patients' type 2 diabetes in their local community away from tertiary hospitals clearly is a first step.