

ENDOCRINOLOGY SERVICES

Endocrinology encompasses a diverse range of clinical conditions, which includes diabetes, thyroid disease, metabolic bone disease and conditions of the pituitary, adrenal and other hormone producing organs. Multidisciplinary ambulatory care diabetes service teams manage most of these conditions on an outpatient basis.

Diabetes is by far the most common endocrine disorder and the timely, ambulatory management and education components of diabetic service provision are extremely cost-effective and represent the larger proportion of endocrinology work in SWSAHS.

It is estimated that in SWSAHS there are at least 25,000 to 32,400 individuals with diabetes. Other evidence would place the number at 60,000 diabetes sufferers in SWSAHS. SWSAHS is over-represented with diabetes compared to the rest of the State.

There are an estimated 2,100 new cases of Type 2 diabetes per year in SWSAHS and over 600 presentations for gestational diabetes. The majority of these referrals are for patient education including ambulatory insulin initiation.

In respect of hospital services, SWSAHS captures 73% of total public sector demand for endocrinology, with the private sector playing a limited role (7%). In 2002/03, SWSAHS delivered 813 episodes of care in endocrinology (to adults aged over 16 years), accounting for 4,507 beddays. 57% of total separations were for diabetes related conditions. Given the increasing prevalence of diabetes in the community, it is anticipated that the volume of patient referrals may well increase. Demand for inpatient endocrinology services is projected by NSW Health to increase by 29.4% to 2006 and by a further 21.9% to 2011. These separations were for a primary diagnosis of endocrinology and do not take into account secondary diagnosis or co-morbidities.

In 2006, at 85% occupancy and assuming no change in flow patterns, it is projected that there will be a need for approximately 17 endocrinology beds for adults. Effective ambulatory services are an essential service requirement and militate against unnecessary hospital bed usage.

Current Services

The key endocrinology service component is the multidisciplinary ambulatory care service that focuses on prevention, early intervention, non-inpatient treatment, self-management and referral. A major emphasis is working with General Practitioners to improve care before complications develop and educating GPs and practice nurses about the importance of cycles of care and prevention of unnecessary hospital admission. All services actively use the Health Care Interpreter Service.

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RECOMMENDATIONS

- Bankstown Hospital be the Area referral centre for complex hypertension problems.
- Hypertension services be developed as an Area network.
- A uniform approach to the investigation and management of patients be developed in collaboration with the Divisions of General Practice.

Ambulatory Care Services

Inpatient and Outpatient care is provided for all endocrine diseases. Services include:

- Multidisciplinary ambulatory diabetes centres
- Gestational diabetes clinics
- Complications assessment
- Ambulatory stabilisation
- High risk foot services
- Mini clinics in GP surgeries
- Satellite paediatric diabetes clinics
- Thyroid clinics
- Endocrine clinics including osteoporosis care
- Neuroendocrine clinics
- Insulin pump clinics

Core activities also include:

Education Services:

- One-to-one and group patient education so as to enable patients to self-manage.
- Health professional education for undergraduate, postgraduate, general practitioners etc.

Research, Quality Assurance and Audit (see later section)

Collaboration with GPs and other health and community sectors/organisations. Within the health services endocrinology services actively collaborate with cardiology, vascular, renal, ophthalmology, podiatry, maternity and paediatric services.

All health services in SWSAHS provide outpatient and inpatient care for patients with diabetes and other endocrine diseases.

Bankstown Hospital

Bankstown Hospital has a well-developed multi-disciplinary ambulatory Diabetes Centre Service, which directly employs staff specialists, diabetes educators, registrars and clerical staff. The service provides clinics in gestational diabetes, general diabetes, endocrine conditions, young adults diabetes and has a complications Screening Service. The service is nationally recognised for its contribution to Information Technology and is involved in multi-centre clinical trials.

In 2002/03, the Hospital recorded 179 endocrine separations; with an average LOS of 6.4 days (7.7 days excluding day only). At 95% occupancy this is equivalent to about 3.3 beds. A significant number of inpatients have diabetes recorded as a co-morbidity.

Fairfield Hospital

Fairfield shares physician services with Liverpool and has an informal arrangement with Dietetic Services. The hospital has specialist diabetic educators and dieticians.

In 2002/03, there were 137 separations; average LOS was 5.3 days (6.6 days excluding day only). At 95% occupancy this is equivalent to 2.1 beds.

Liverpool Hospital

The Liverpool Hospital has a multi-disciplinary ambulatory diabetes centre services that directly employs staff specialists, registrars, dieticians and diabetic educators. In addition, Liverpool has an Advanced Trainee in Endocrinology. Specialist clinics include: a thyroid clinic, a general endocrine clinic, a neuroendocrine clinic, a gestational diabetes clinic, a Type 1 diabetes clinic, and a general diabetes clinic. Liverpool has a specialised Insulin Pump Service and is the leader in NSW in this type of service. A diabetes nurse Practitioner is appointed and there is an active program for Aboriginal people. Liverpool Hospital has a high-risk foot clinic. The service has an active research program.

In 2002/03, Liverpool Hospital recorded 259 separations; average LOS was 7.0 days (7.1 days excluding day only). At 95% occupancy this is equivalent to 5.2 beds.

Campbelltown and Camden Hospitals

The region has an ambulatory diabetes centre with a visiting Endocrinologist, diabetic educators and dieticians.

In 2002/03, there were 140 separations at Campbelltown; average LOS was 3.9 days (4.4 days excluding day only). At 95% occupancy this is equivalent to 1.6 beds. There were 59 separations at Camden; average LOS was 3.7 days. Formation of a Diabetes Centre would assist the development of services to the entire southern sector.

Bowral Hospital

Bowral has minimal services, but access to a specialist Endocrinologist. In 2002/03, there were 39 separations; average LOS was 1.9 days

Chronic Care

Specialist Liaison Nurses were funded through the Chronic and Complex Care Program at Fairfield, Liverpool and Bankstown.

The Southern Highlands Division of General Practice provides integrated Diabetes Educator programs.

In some sectors, General Practitioners monitor the stability of diabetic patients through regular follow-up of clients and maintenance of the CARDIAB database.

Research and Teaching

Various levels of clinical research in diabetes occur across SWSAHS. Bankstown is involved in multi-centre clinical trials and Liverpool has an active collaborative research project, "Mapping the Genes for Gestational diabetes".

RECOMMENDATIONS

- Diabetes services be developed as an Area Service with Diabetes Centres located at Liverpool, Bankstown and Campbelltown, each with an Advanced Trainee Registrar.
- Multidisciplinary ambulatory diabetes teams be available across the Area. These teams will be situated at Bankstown, Liverpool/Fairfield, will be structured as one team and Campbelltown/Camden/Bowral structured as another team.
- Diabetes/Hypertension staff be cross-accredited to the Primary Care Division to facilitate closer ties to general practitioners and community based services.
- Strategies be developed in conjunction with General Practitioners to enhance diabetes primary prevention.
- An Area Diabetes Register including the Divisions of General Practice be implemented.
- Diabetes educators and other relevant allied health staff be enhanced.