

LIVING WITH DIABETES PROGRAM

**891. Mrs C.A. MARTIN to the Minister for Health:**

I refer to the Living with Diabetes program, a support program that delivers services to people with chronic illness outside of the hospital environment.

- (1) Can the minister inform the house of the number of patients currently enrolled in this program?
- (2) Can the minister inform the house of the number of hospital patient days saved as a result of this critical program?
- (3) Will the minister confirm to the house that despite his decision to axe the program, a recent cost-benefit analysis of the program reveals that it delivered value for money to the South Metropolitan Area Health Service?

**Dr K.D. HAMES replied:**

- (1)-(3) Unfortunately, I cannot answer all the specific details. I have briefing notes that cover them but I have not had time to go through them to look at the specifics during the asking of the question. However, I do know in general terms about those programs and some of those that we intend not to proceed with any more. The diabetes management program is one of those. An evaluation showed for the people involved in that program there was a reduced stay of about three days a person, but that was provided at a cost of about \$4 500 a person, so it was not value for money and it nowhere near covered all the numbers of people with diabetes in this state. Only a very small proportion were accessing that program and something in the order of 40 full-time equivalents were running that total program. Therefore, in looking at getting value for money for the taxpayers' dollar we looked at two things. It was either a program that needed to have significant further expenditure to get it out to the whole diabetic community, and to do that the cost per person would need to be significantly reduced to make it value for money—sadly, those additional dollars are currently just not available—or a program that needed to be stopped and other mechanisms looked at for making sure that people get that service. The divisions of general practice very strongly put to us that we were under-utilising their very strong ability to provide chronic disease management through their general practices. They certainly have the ability to do that; they have the funding from the commonwealth to do that; and they have the desire to do that. In some ways we were coming in as a government hospital service saying that we would take over what they were doing because we thought we could do it better. In fact, we were not doing it better; we were doing it worse because we were spending a considerable amount of money on the patients and more than we were getting back in saved hospital days in tertiary hospitals. We made the decision on that basis. We are retaining a significant number of other programs, such as the coach program and the wounds management program, because we do see value for money in those. We need to do the best we can to look after the taxpayers' dollars. That is one area where we think the money can be better spent. No individual patient will be affected, because whoever is on the program now will continue on the program until the time which their need to be involved in that program is terminated.

**Mr R.H. Cook:** Just don't get a chronic disease in the future, that's all!

**Dr K.D. HAMES:** The member says that, but people who have diabetes or those who have significant numbers of other chronic diseases were not on that program. Only a very small percentage of those who had those chronic conditions were in the program.

**Mr R.H. Cook:** So it is a cut for people with chronic diabetes.

**Dr K.D. HAMES:** We are not cutting.

**Mr R.H. Cook:** interjected.

**The SPEAKER:** Member for Kwinana!

**Dr K.D. HAMES:** Is it the member for Kwinana's question? I thought it was the member for Kimberley's question. They want to get their spin doctor machine out again.

**Mr E.S. Ripper:** We are a team over here.

**Dr K.D. HAMES:** Oh, yes! There are two areas of the program for diabetes that we are trying to work on. One is the remote Indigenous community program. The member would be very well aware that Ernie Bridge has been funded in her electorate. We have significantly increased funds for Ernie Bridge to roll out his diabetes program in communities. It is my intention to further expand that particular program because it delivers very real benefits to Indigenous communities. He has just released a report that shows significant improvement of health in those areas where he has been working. We will continue to do that. We will work with general practitioners to make

sure that they are carrying out the role that they are trained for, that they are keen to do and that they are funded for by the commonwealth, and that is stronger chronic disease management, particularly through the divisions of general practice. We are not reducing money in health, as I have said over and over again. The funding for health has increased. We are redirecting funds from areas where it is less efficient to areas where it is more efficient.