



2025 - 2026

**Diabetes Victoria
State Budget Submission**

November 2024


diabetesvic

The time for action is now

Diabetes Victoria is the leading peak body dedicated to reducing the impact of all types of diabetes on people, families, communities and health systems across Victoria. Our vision is a world in which diabetes can do no harm.

Our 'Diabetes Victoria Strategy 2024-2030' (1) sets out two ambitions which drive our work every day: That people with diabetes of all types will live well and longer, and for there to be a cure for, or prevention of all types of diabetes(1). We will achieve these ambitions by pursuing six goals, as outlined in Figure 1.

The impact of diabetes is of great concern in our community (see Figure 2, page 3). All types of diabetes are serious and can cause further health complications. However, there are barriers to support, inequities in healthcare access and stigma surrounding diabetes that make it difficult for people to receive or seek the support they need. People with diabetes are more likely than the general population to be hospitalised. There is also growing pressure in the health system from diabetes and other chronic conditions (2).

We have welcomed the state government's investment in a number of important initiatives:

- Continuation of the Lifel program which helps over 5600 Victorians a year reduce their risk of type 2 diabetes, heart disease and stroke
- Continuation of coverage of copayments for the National Diabetes Services Scheme
- Launch of the Victorian Virtual Emergency Department Diabetes Service
- Rolling out Diabetes Connect as part of the Commonwealth-funded Primary Care Pilots initiative.

There is much to do, and as a state, Victoria is well equipped to take action. We are fortunate to have world-leading researchers and exceptional health professionals, as well as a community of passionate people living with or at risk of diabetes. They are all ready and willing to help shape solutions.

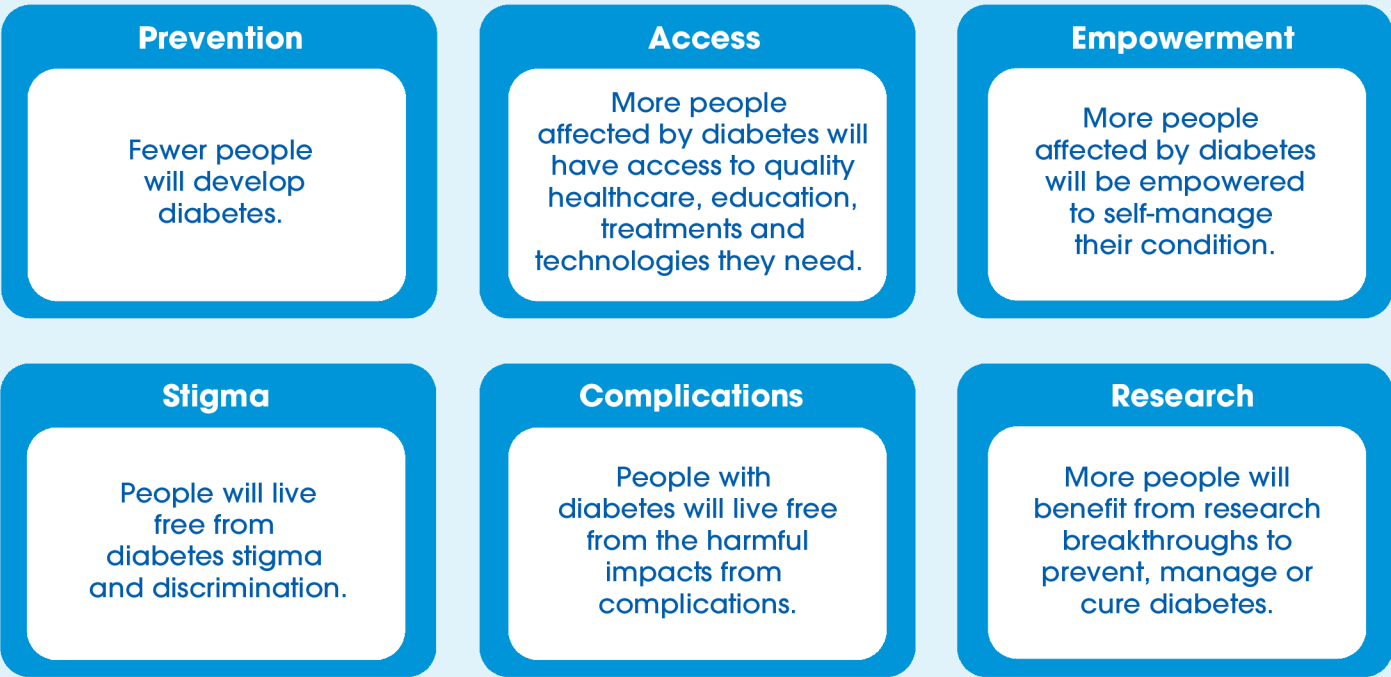


Figure 1: Diabetes Victoria Strategy 2024-30 goals

As part of this submission, we call on the Victorian Government to work with the sector and community to develop a Victorian Diabetes Plan. The prevalence and multidimensional impacts of diabetes across the Victorian community warrant a statewide plan.

A Victorian Diabetes Plan will be empowering for Victorians affected by diabetes. It will enable the health and research workforce to focus and deliver on strategic priorities. It will create meaningful improvements across the health system. It will generate better outcomes for everyone affected by diabetes, and improve value in health care expenditure.




Our 2025-26 budget submission sets out four budget priorities. We recognise the challenging fiscal environment, so our proposals are pragmatic and impactful, aiming to make improvements for better health outcomes. They are based on the expressed needs of the community, clinical experience of diabetes health professionals, the latest research evidence, relative ease of implementation and the potential to create meaningful impact in the short term with sustainable benefits. The proposals are aligned with Victorian government priorities including women's health and wellbeing, providing more care in the community and at home, and digital health technology to help keep Victorians healthier.

Our budget proposals for 2025 - 2026




Proposal	Alignment to Victorian government priorities	Investment	Page
Improved models of diabetes care in hospitals <ul style="list-style-type: none"> Establish a Diabetes Learning Health Network Scale up a proactive model of diabetes care using electronic alerts for specialist consults 	Health Services Plan Digital Health Roadmap Healthcare-associated infection prevention	\$3.6 million over 3 years for proactive model of care	6
Increased equity of access to specialist diabetes advice in rural and regional areas	Providing more care in the community and at home	\$1.9 million over 3 years	8
Healthy pregnancy and prevention <ul style="list-style-type: none"> Prevention of gestational diabetes during pregnancy Pre-pregnancy care and continuous glucose monitoring for women with type 2 diabetes during pregnancy 	Women's health and wellbeing Health Services Plan Early Intervention Investment Framework (EIIF) Digital Health Roadmap	\$15.135 million over 5 years for EIIF GDM prevention \$1 million over 3 years for pre-pregnancy care and CGM	10
Early intervention for adults with early-onset type 2 diabetes	Providing more care in the community and at home Victorians with heart disease key performance indicator	\$1.74 million over 3 years	12

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The state of diabetes in Victoria

Diabetes is a chronic condition that now impacts more than one in seven Victorians, including people who have been diagnosed with diabetes; people who have silent, undiagnosed, diabetes; and those who are at high risk of developing the condition.

Diabetes is a challenging and relentless condition to manage. On average, a person with diabetes thinks about their condition every 12 minutes (3).

More than 30 percent of all people with diabetes experience diabetes distress (i.e. distress related to the daily burden of living with and managing the condition) and/or depressive or anxiety symptoms (4).

Diabetes increases a person’s risks for a range of other chronic conditions, including heart disease, stroke, dementia, and kidney disease. In addition to these direct impacts, there are also broader impacts on the families and carers of people who are living with diabetes.

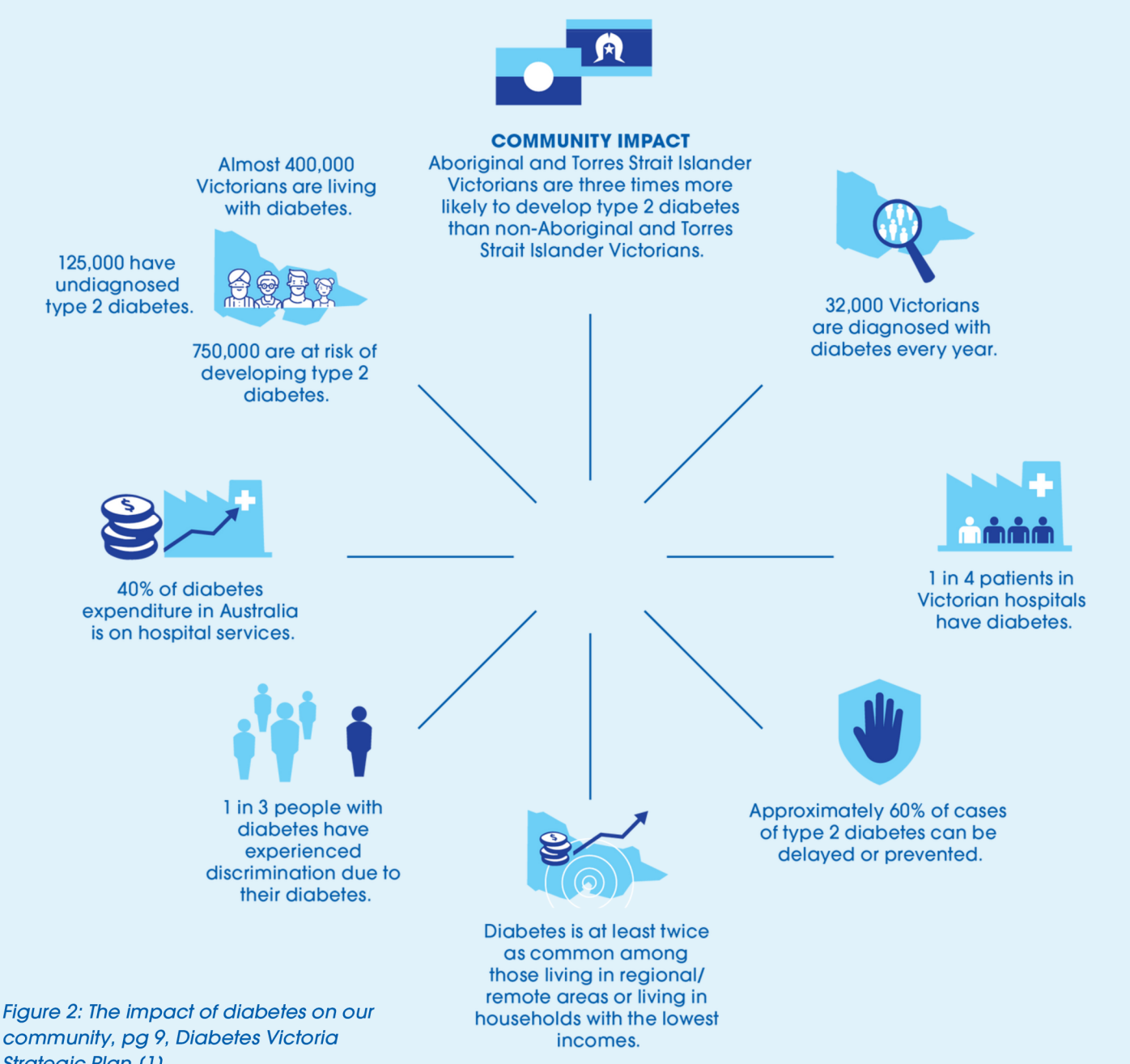


Figure 2: The impact of diabetes on our community, pg 9, Diabetes Victoria Strategic Plan (1)

A Victorian Diabetes Plan

We need a plan – an ambitious Victorian Diabetes Plan – focused on the urgent need to improve both the health and quality of life of all Victorians affected by, or at risk of, diabetes.

Diabetes is an underlying condition that leads to many other comorbidities.

The nature of diabetes is such that people with diabetes are over-represented across the entire health system (see Figure 3). However, each part of the system is managed in silos with no overarching plan. This leads to sub-optimal outcomes for both an individual person’s health and the cost efficiency of the health system.

Previous Victorian diabetes plans (and related plans) have long since expired. Consequently, there is no clear strategic direction on how diabetes is being addressed across the health system.

Victoria is home to many world-leading diabetes research and clinical experts, as well as strong voices for lived experience, who all want to help make a difference.

A Victorian Diabetes Plan - developed in consultation with the sector and community - would enable strong leadership, coordination of efforts, and tracking of progress towards meaningful and tangible goals.

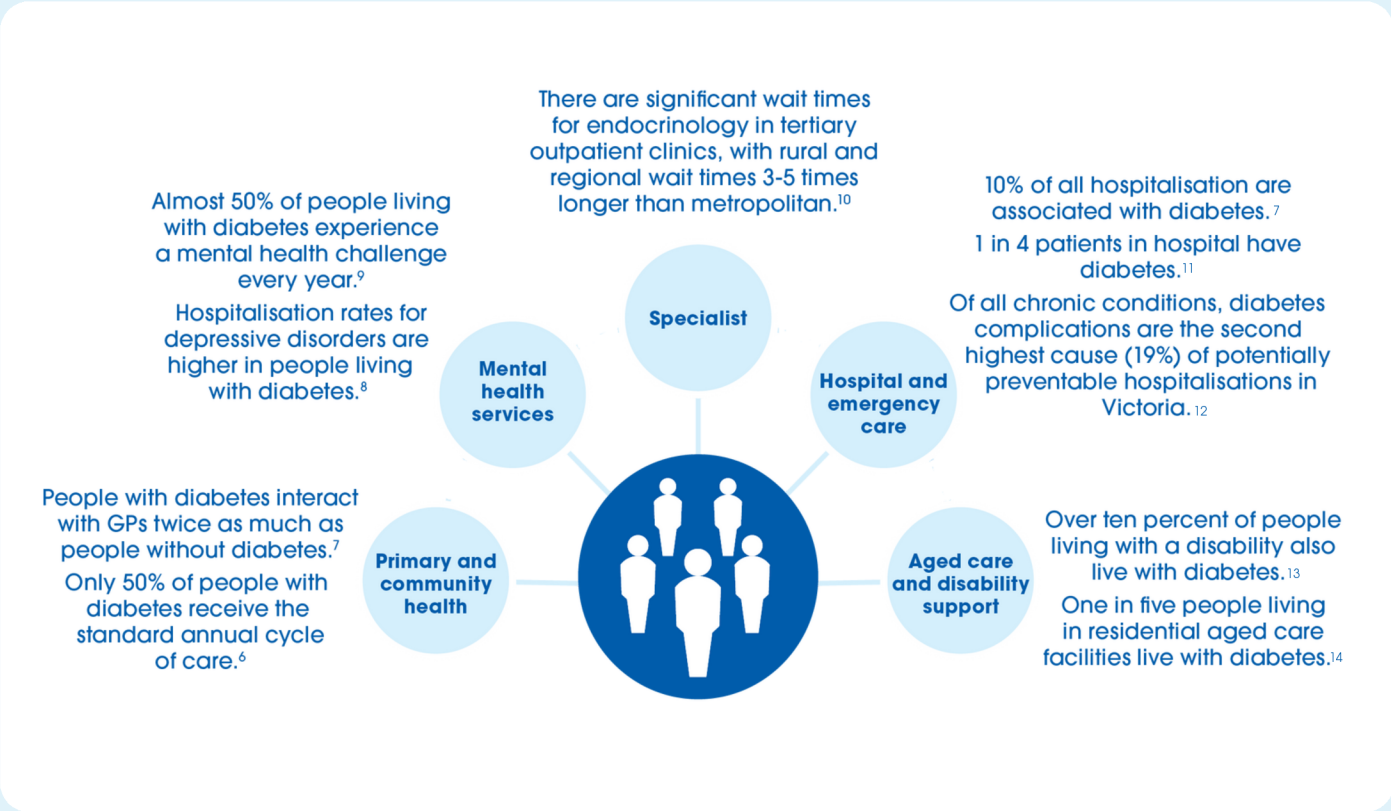


Figure 3: People with diabetes are overrepresented across the health system, with each part of the system managed in silos

With the number of people with diabetes expected to double by 2050, the cost of inaction will be unsustainable for the health system (5).

Victoria has state plans for other priority health issues, which are instrumental in driving innovation and improved health outcomes (see Figure 4),

A Victorian Diabetes Plan would place the unmet needs of people with lived experience of diabetes first while also supporting the best use of health care resources. It would have a number of objectives including:

- Improving prevention and early diagnosis
- Improving access to care, including maximising the use of digital health technologies
- Developing referral and care pathways for timely treatment
- Strengthening workforce knowledge of diabetes, its management and its impacts
- Empowerment and peer support for better outcomes
- Reducing experiences of diabetes stigma and discrimination
- Improving health and healthcare equity, including self-determination among Aboriginal and Torres Strait Islanders

- Building a holistic approach to healthcare, including support for emotional and mental health
- Enhancing data and research capabilities to increase visibility of impact and drive innovation



Victorian plans for priority health issues include

- Victorian cancer plan 2024-28
- Victorian sexual and reproductive health and viral hepatitis strategy 2022-30
 - Victorian hepatitis B and C plans
 - Victorian HIV plan
 - Victorian Aboriginal sexual and reproductive health plan
 - Victorian sexually transmissible infections plan
 - Victorian women's sexual and reproductive health plan
- Victoria's 10-year mental health plan 2015-25
- Victorian suicide prevention and response strategy 2024-34
- Victorian action plan to prevent oral disease 2020-2030

Figure 4: Victorian plans exist for other priority health issues

Improved models of diabetes care in hospitals

Proposal 1

Establish a Victorian Diabetes Learning Health Network involving health professionals and people with lived experience to improve the quality, safety and effectiveness of care in health services for people with diabetes.

Invest \$3.6 million over 3 years to scale up a proactive model of diabetes care to three hospitals, using electronic alerts for specialist consults, with analysis to track health outcomes and associated cost benefits of improved care.

People with diabetes are more likely to require admission to hospital, not only for diabetes acute and chronic complications, but also other conditions. One in four patients in Victoria's hospitals are living with diabetes (11).

Unfortunately there is significant variation in how care is managed in hospitals, which means there are many missed opportunities to improve patient safety and outcomes as well as create more efficient and effective models of care.

We hear consistently from our community that there needs to be better systems in health services to support people living with diabetes. There can be a lack of coordinated care between general and specialist diabetes health professionals, limited understanding of contemporary diabetes care outside of specialists, and a tendency to de-emphasise diabetes care when people attend a health service for another health issue.

"I found that the nurses had no knowledge of pump and continuous glucose monitoring therapy. There was also the need to use old insulin therapy through a drip because that's what they had always done. It's stressful enough (attending hospital) when you have a very serious leg injury so combining this with (their) poor diabetes knowledge makes it worse."

- Michael, living with type 1 diabetes

Our vision is that, when people living with diabetes attend hospital, their nurses and doctors understand the importance of diabetes, and of the person's lived experience expertise in managing their condition, and are equipped to provide quality and timely care.



People with diabetes are at increased risk of developing infections and adverse outcomes. These include hypoglycaemia, hyperglycaemia, acute kidney injury and stroke, when in hospital (15-17). For infections alone, there are significant healthcare costs that can be avoided. The average cost per hospital-associated surgical site infection is \$18,814 (18).

Furthermore, the Australian Commission on Safety and Quality in Health Care includes hypoglycaemia as 1 of 47 reportable hospital-acquired complications (19). Most hypoglycaemic events occur in people who are on insulin (20).

Victoria is home to internationally recognised proactive models of care to prevent infections and complications from occurring, but these operate through time-limited studies and individual site implementation, with no mechanisms to scale up improved standards of care across the health system.

A diabetes learning health network would engage clinicians and people with diabetes in collaborative improvement initiatives, enabling innovations in quality and safety to be shared throughout the state. Safer Care Victoria coordinates learning health networks in a number of other specialties, including cardiovascular disease and mental health. Diabetes Victoria would be willing to develop a funded proposal for a diabetes network following the same methodology.

A trial at the Royal Melbourne Hospital (RMH) has been successful in demonstrating that a proactive model of diabetes care using electronic alerts can markedly reduce infections picked up in hospital for surgical patients (21).

The model identified inpatients with diabetes at risk and provided an early consult by a specialist inpatient diabetes team combined with electronic monitoring. The study found that the absolute risk of hospital acquired infection reduced by 5%, resulting in 33 fewer infections in the intervention group over 309 days. For every 20 people that received proactive care, there was one infection prevented.

This study builds on a previous RMH trial that achieved similar results for reducing hospital acquired infections and hyperglycemia events, which also found that improvements in glucose management were sustained after discharge (22).

The RMH model of care has been refined and implemented at Northern Health to avoid extremes in blood glucose levels. An inpatient diabetes service performs virtual glycaemic surveillance and proactive ward-based consultations.

Further refinement and expansion of this model would generate significant improvements in safety and quality of care.



Increased equity of access to specialist diabetes advice in rural and regional areas

Proposal 2

Invest \$1.9 million over 3 years to establish a Victorian diabetes service that provides better access to specialist advice in rural and regional areas

Diabetes care has evolved rapidly in the last decade due to advances in technologies and therapeutics. Gaps are emerging in the capacity of the health workforce to deliver this increasingly specialised health care, which leads to inequalities in health outcomes for people with diabetes.

The community consistently tell us about the geographical barriers to accessing support services, lack of workforce availability, and lack of culturally appropriate support. These create ongoing stressors in their everyday lives.

“
Something needs to be done about the waiting time for outpatient clinic appointments in the public hospital system. Complications are frightening, can progress quickly and can have a huge impact on your life. The wait for support is terrifying.
- Person living with type 1 diabetes
”

Low capacity to support optimal diabetes management in primary care puts additional pressure on outpatient services and increases avoidable hospital admissions.

The National Health Reform Agreement 2020-25 mid-term review highlighted the Integrated Diabetes Education and Assessment Service (IDEAS) as a Victorian Community Health-led alternative to hospital outpatient service for people with type 2 diabetes (23).

This service provides an example of how a local system can provide a mix of specialist and general care for people in the community. Other local models with similar aims are providing specialised training for general practitioners, with the aim to reduce the need for people to attend an outpatient clinic.

These models are less common in regional and remote Victoria, despite the increased prevalence of diabetes in these regions (7). Wait times for outpatient endocrinology appointments are also consistently much higher in regional areas, compared to metropolitan areas (10)

The median wait time to see an endocrinologist at Eastern Health is 48 days. At Barwon Health, it is 123 days, and in Ballarat (Grampians Health) it is 247 days (10)

Of all chronic conditions, diabetes-related complications are the second highest cause (19%) of potentially preventable hospitalisations in Victoria (12).

A Victorian diabetes service staffed by endocrinologists can ease pressure on outpatient clinics and provide support to general practice to provide care for people with type 2 diabetes in the community. In the first instance, the service would provide phone consultations and case conferencing to primary care. The model could also potentially provide face-to-face clinics in high needs communities, depending on budget.

Western Australia recently launched a service called Diabetes Connect for Country WA. The service connects primary care to direct phone advice, across all diabetes types, from a Diabetes Connect Endocrinologist. This is based on a model that has been successfully implemented by Local Health Districts in New South Wales.

Victoria recently established a diabetes service as part of the Victorian Virtual Emergency Department, and there is potential that a service for providing specialist advice in rural and regional areas could build on this approach.

“*Living regionally, specialist care is either a long way away or long waiting times. I choose to travel but that adds to expense of course.*”
- Person living with type 1 diabetes

Scoping and designing the new service in Victoria would involve a partnership across Diabetes Victoria, Primary Health Networks, health services, specialists, community health, the Victorian Virtual Emergency Department diabetes service and people with lived experience.

A Victorian diabetes service would:

- Improve patient experience and reduce the health equity gap in receiving timely and quality diabetes care
- Reduce pressure on regional endocrinology services
- Build the capacity of regional primary care providers to care for higher risk people living with diabetes in the community setting
- Reduce the development of complications that lead to preventable hospital admissions.



Healthy pregnancy and prevention

Proposal 3

Invest \$15.135 million over 5 years for an Early Intervention Investment Framework initiative on prevention of gestational diabetes during pregnancy.

Invest \$1 million over three years to increase access to pre-pregnancy care and continuous glucose monitoring (CGM) for women with type 2 diabetes during pregnancy.

Gestational diabetes

One in six pregnancies are now affected by gestational diabetes, with rapid increases occurring across various populations and local communities (24). Gestational diabetes is associated with more complicated births, longer hospital stays and increased rate of admission to neonatal intensive care units (25).

Additionally, women who have had gestational diabetes are seven times more likely to develop type 2 diabetes in the future (26). Gestational diabetes also puts the child at greater risk of developing type 2 diabetes later in life (26).

Antenatal lifestyle interventions have been shown to definitively reduce excess gestational weight gain and associated complications, including a 26% reduction in GDM and 10% reduction in caesarean section, with direct maternal and neonatal health benefits, and associated cost savings (27,28).

Modelling indicates for every dollar spent on implementation, there is a return on investment of A\$3.00 generated within 6 months.

The evidence is clear that this should be the standard of care offered to all Victorian women at high risk of gestational diabetes.

Under this model, a digital healthy lifestyle application (such as OptimalMe) would be available to all women during pregnancy. Women at higher risk of GDM, estimated to be 35% of the antenatal population (~21,472 women annually) would receive additional dedicated health coaching (4 sessions).

This initiative could be funded through the Early Intervention Investment Framework (EIIF) as it would yield substantial cost savings while significantly improving maternal and infant health outcomes for Victorian women and their babies.

The western region of Greater Melbourne has some of the highest incidences of gestational diabetes in Victoria. An analysis by the Western Public Health Unit has shown that inequalities in the incidence of gestational diabetes exist between populations defined by socio-economic disadvantage, country of birth and place of residence. Local governments with the highest incidence of gestational diabetes are Melton, Brimbank, and Wyndham—regions where first-time mothers are typically younger (24).

Type 2 Diabetes

Women with pre-existing diabetes face higher risks of miscarriage, ICU admission, pre-eclampsia, and caesarean delivery. Babies born very pre-term may have long-term health issues and are at increased risk of congenital malformations, macrosomia, hypoglycaemia, jaundice, and respiratory distress, often requiring neonatal ICU care.

Diabetes disproportionately affects vulnerable women, including those from diverse cultural backgrounds, Aboriginal and Torres Strait Islander women, and women experiencing mental health problems or issues with alcohol and drug addiction.

With appropriate intervention and support, these complications are largely preventable.

Optimal glucose management before conception and during pregnancy reduces the risk of complications and improves outcomes for mother and baby (29). Many women find it especially challenging to keep blood glucose levels stable during pregnancy due to the hormonal and physical changes occurring.

A continuous glucose monitor (CGM) is a device that enables the person living with diabetes to monitor and manage their diabetes in real-time. CGM use in pregnancy has demonstrated significant improvements in neonatal health outcomes, as well as reducing maternal hyperglycaemia (30). Whilst these studies have predominately been conducted in type 1, there is broad consensus that those benefits are likely to extend to women with type 2 diabetes.

Women with type 1 diabetes who are pregnant can access fully subsidised CGM through the federally funded National Diabetes Service Scheme (NDSS),

An Australian study found that use of CGM in pregnancy resulted in a significant decrease in pre-term and very pre-term birth rates when compared to self-monitoring of blood glucose (SMBG) levels for people with type 1. There were reductions in length of antenatal admission, use of neonatal intensive care, and adult special care unit admissions. The use of CGM produced cost savings to the healthcare sector of \$12,063 per pregnancy (31).

however women with type 2 and other types of diabetes do not have the same access.

We are calling on the Victorian Government to fund access to CGM for women with type 2 diabetes through the implementation of a program to improve health outcomes for women with type 2 diabetes and reduce pregnancy-related complications.

In addition to a 14-month supply of CGMs, the program would include one pre-pregnancy telehealth appointment by a diabetes service within a tertiary hospital and three appointments with a diabetes educator.

The first endocrinology appointment would focus on preconception care for women with diabetes. Diabetes education sessions would support women in the application and use of their CGM, and maintenance of optimal glycaemic outcomes throughout the pregnancy.

The program could initially be implemented in two geographic areas (one metro, one regional) with built in evaluation. To ensure that the program reaches and is acceptable to women at highest risk of diabetes related pregnancy complications, Diabetes Victoria would work in partnership with the tertiary services and community health to engage women with lived experience of type 2 diabetes in pregnancy in the co-design, implementation and promotion of the program.

Australia can leverage the data collection tool already developed in the United Kingdom by global diabetes-in-pregnancy leader Professor Helen Murphy (32). Once set up, this would allow self-perpetuating data collection to ensure the benefits of these programs are realised.

Early intervention for adults with early-onset type 2 diabetes

Proposal 4

Invest \$1.74 million over 3 years to develop and test a care model and pathway for adults with early-onset type 2 diabetes, building on Victoria’s existing infrastructure for prevention and early intervention.

Type 2 diabetes is increasingly affecting younger adults – known as early onset type 2 diabetes. In the last 10 years, the number of people living with type 2 diabetes in Victoria in the 21-40 age group has increased by 49% (33). This is likely an underestimate, because we know many people with type 2 diabetes live for years with silent, undiagnosed diabetes (7).

Data shows that slightly more women than men are developing type 2 diabetes in younger age groups. There is a significant proportion who speak a language other than English. Further, younger Aboriginal and Torres Strait Islander people have higher rates than non-Indigenous people in younger age groups (34).

Early-onset type 2 diabetes leads to more rapid deterioration of pancreatic beta cells and is associated with a higher risk of complications, compared to a diagnosis later in life (35).

New evidence from the UK Prospective Diabetes Study found that people with early-onset type 2 diabetes are at significantly greater risk of mortality and morbidity compared to people with later-onset of the disease (36).

“*I have never been advised that there are education programs etc for diabetes. I have simply been told to lose weight and keep taking my medication.*”

- Person living with type 2 diabetes

Type 2 diabetes is usually diagnosed 4-6 years after it begins, by which time complications may have already developed (37). Even with early diagnosis, it is often treated less seriously than other conditions, with minimal support until the condition progresses.

The impact of diabetes on the individual

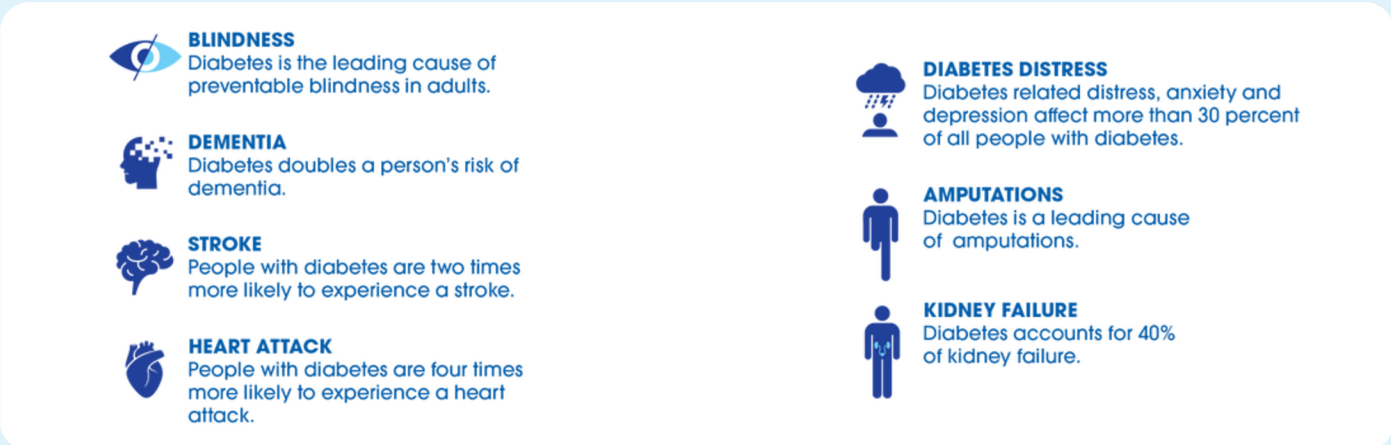


Figure 4: People living with diabetes are at increased risk of complications, pg8, Diabetes Victoria Strategic Plan (1)

The Diabetes Connect model, currently being implemented in Victoria under the Primary Care Pilots initiative, includes a category for early intervention, but anecdotal evidence suggests that the model is not reaching younger adults with early-onset type 2 diabetes.

We know that younger adults with type 2 diabetes face unique challenges in self-management of their diabetes due to differences in employment, low engagement with health services, experience of stigma and high levels of emotional health comorbidities such as depression, diabetes related distress and psychiatric conditions (38).

A new approach is needed to create a sustainable care model and pathway focused on early detection and support for younger adults, helping them maintain better health and avoid or reduce harmful complications.

This model would involve Diabetes Victoria partnering with primary care and community health services in high-need areas. We would work closely with younger adults, ensuring diverse cultural representation, and design the pathway based on the needs of those with lived experience. We would also collaborate with VACCHO to link the pathway to Aboriginal health services.

Early detection would involve increasing awareness of risk factors and promoting screening.

The pathway would bring together existing primary care and National Diabetes Service Scheme programs as well as leverage the infrastructure and digital solutions established to deliver the Life! type 2 diabetes and cardiovascular disease prevention program to also support people newly diagnosed.

The health facilitator workforce built through the Life! program is well-equipped to deliver a modified intervention for people who are newly diagnosed with type 2 diabetes.

Diabetes distress and diabetes stigma have significant impacts on mental wellbeing, and can be major obstacles to optimal diabetes management (39). To develop this pathway, we will leverage the world-leading expertise of the Australian Centre for Behavioural Research in Diabetes in this area (40).

There is evidence that remission is possible for some people who develop type 2 diabetes, and there are emerging models in Victoria for remission services (41,42). The development of a pathway will consider what would be required to offer remission as an option for all Victorians who are newly diagnosed, while also recognising that the intensive nature of the approach will only be suitable for some people.

Pathway development would include identifying holistic outcome measures. The person-centred value-based healthcare measures developed for diabetes, and highlighted by the International Consortium for Health Outcomes Measurement provide a basis for this work (43).

The Department of Health priority outcomes framework identifies 'Victorians with heart disease' as a key performance indicator (44).

Diabetes and elevated blood glucose are associated with an approximate doubling of the risk of cardiovascular disease (45).

Reducing the numbers of Victorians with heart disease can only be achieved through a prevention and early intervention approach, and diabetes is a key contributing factor.

Additional priorities

We continue to work on a range of other important areas for action where state government can make a difference for Victorians with or at risk of diabetes. These include:

Prevention

We are part of a coalition of public health organisations calling for:

- Increasing prevention investment to a minimum of 5% of total annual health expenditure across federal and state budgets in line with the National Preventive Health Strategy
- Removal of unhealthy food advertising from public transport, public transport infrastructure and near schools in Victoria to support healthy environments for children and young people

Stigma and Discrimination

To create a more compassionate world for people affected by diabetes, and support people who experience stigma and discrimination due to their diabetes, we are scoping action to:

- Provide diabetes education and capacity building to early childhood settings on supporting children living with type 1 and type 2 diabetes
- Address requests from community members to access diabetes professional development for disability support workers and aged care staff

Complications

We are helping to build the capabilities of health professionals to take a holistic approach to diabetes care

- The Australian Centre for Behavioural Research in Diabetes has developed world-first training for health professionals on diabetes distress, the most common emotional problem experienced by people with diabetes which can have serious flow-on effects for diabetes self-management and health and well-being.
- We are pleased the Department of Health is supporting this training for health professionals in Diabetes Connect sites in 2024. Following this rollout, there will be further opportunities to make this training available to a broad range of Victorian health professionals.

Research

We fund research and seek to actively partner with state government to:

- Continue to collaborate with departments on grant proposals for national research funding that enable strong connections across researchers, health policy and clinical practice.
- Discussion of opportunities for how Victoria's Health and Medical Research Strategy 2022-2032 can best create advancements in diabetes, provide stable support to grow Victoria's diabetes research organisations and enable equitable collaboration with people living with diabetes. A Victorian Diabetes Plan would assist in delivering a strategic, coordinated and impactful approach to diabetes research in our state.

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