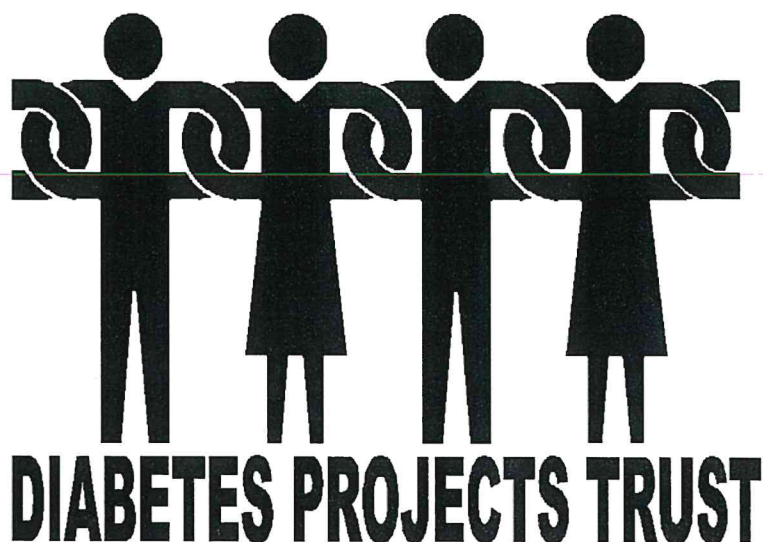


Annual Report

July 2002 – June 2003



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Key

DPT - Diabetes Projects Trust
 GP - General Practitioner
 DCSS - Diabetes Care Support Service
 RNZCGP - Royal NZ College of General Practitioners
 CMDHB - Counties Manukau District Health Board
 CODA - Community Organisations for Diabetes Action

Note: Audited Financial Reports Separate document – see Business Plan

Note: The next Annual Activity report will be to cover the shorter time of July 2003 to March 2004 to bring it into line with the DPT financial year.



Diabetes Projects Trust – Mission Statement

To reduce the incidence of diabetes and its tissue damage within New Zealand with the emphasis on South Auckland. This requires the ability to reliably demonstrate the number with diabetes and its complications, effective intervention methods and a clear understanding of the pathogenesis and natural history of diabetes in the high risk populations.

Success is dependent on a partnership between local Maori, Pacific Islands people, Europeans, other ethnic groups, GP's and the local health and education services. The knowledge and skills gained will be offered to assist other areas of New Zealand control diabetes.

Background

The Diabetes Projects Trust is an independent Charitable Trust established in 1992 to develop and drive the implementation of methods for the prevention of diabetes and its complications by means outside of the traditional health services. Revenue received by the Trust is used for the prevention of diabetes and its complications through:

1. Establishing/evaluating methods for supporting & educating patients with diabetes/their families.
2. New methods for supporting community based initiatives for diabetes awareness and prevention through lifestyle change (particularly in socio-economically deprived communities).
3. Developing new methods for monitoring diabetes and its damage (thereby identifying areas requiring intervention and demonstrating change associated with intervention).
4. Supporting research into the causes and treatment of diabetes and its complications.
5. Developing new methods for the co-ordination of those involved with diabetes care, prevention or support.

Information on the previous development of the trust and its activities can be found in earlier annual reports.

From the Chairperson

On behalf of the Diabetes Project Trust board of trustees it gives me great pleasure to present the annual activities report covering July 2002 to June 2003. The past year has been particularly rewarding for the Diabetes Projects Trust. Karen Pickering and the Diabetes Project team have had a very busy year but as always, under the careful stewardship of Karen, a very successful one.

The past year has seen the decision to purchase a new van, the launching of an adolescent initiative, the decision to employ a medical director, some new research undertaken and the birth of a baby! All completed in the space of a year! No wonder the team has been so busy!

The adolescent initiative was commenced by Jane Biddulph and is now carried on by Judy Rowden and the Lifestyle Team. The initiative has seen the creation of some exciting new resources specifically developed for this age group. We look forward to seeing the first evaluations and feed back from the adolescents who use the new resources.

This past year the staff included a new team member from Scotland, Dr Gillian Kerr, has been employed as a research fellow. Gillian has worked on several research projects and is to present some of her findings at the combined NZSSD and ADEA conference in Melbourne Australia later this year.

A number of presentations have been made at conferences by DPT staff. The Trust board is committed to supporting professional development of staff and acknowledged expertise in the diabetes field. Attendance at such conferences and the presentation of papers encourages and supports these aspects of staff development while ensuring that the reputation of the DPT is reinforced within the diabetes community.

The board has now also made a commitment to employ a medical director in a 0.5FTE position who will support and direct the DPT staff in both new and existing initiatives and give strategic direction to the future activities of the DPT. An international search has been initiated and to date several very strong applications have been received. The Board plans to interview and appoint the new medical director to commence as soon as possible in the New Year.

On behalf of the board and staff of the DPT I would like to take this opportunity to extend our very grateful thanks to Dr David Scott who has willingly undertaken this role over the past few years. David has been a kind and supportive mentor and wonderful guide through the transitional years since the departure of David Simmons. David will continue his very valuable input to the DPT in his ongoing role on the Trust board.

Our capping moment of the year is undoubtedly the birth of Cadie Rose Rotherham. Cadie is the latest addition to the DPT offices and is Karen's daughter. Karen managed this event as she does all such events – with calm and great planning! The board is very grateful to Karen for the extra planning and care taken to ensure her maternity leave caused as little disturbance as possible and especially to Kate Smallman who managed so well during Karen's absence. What a remarkable team effort – and now we all enjoy Cadie!

My thanks to the other Trust board members. It is only with their support, commitment and vision that the DPT can continue to develop new initiatives and meet the demands of the growing diabetes epidemic.

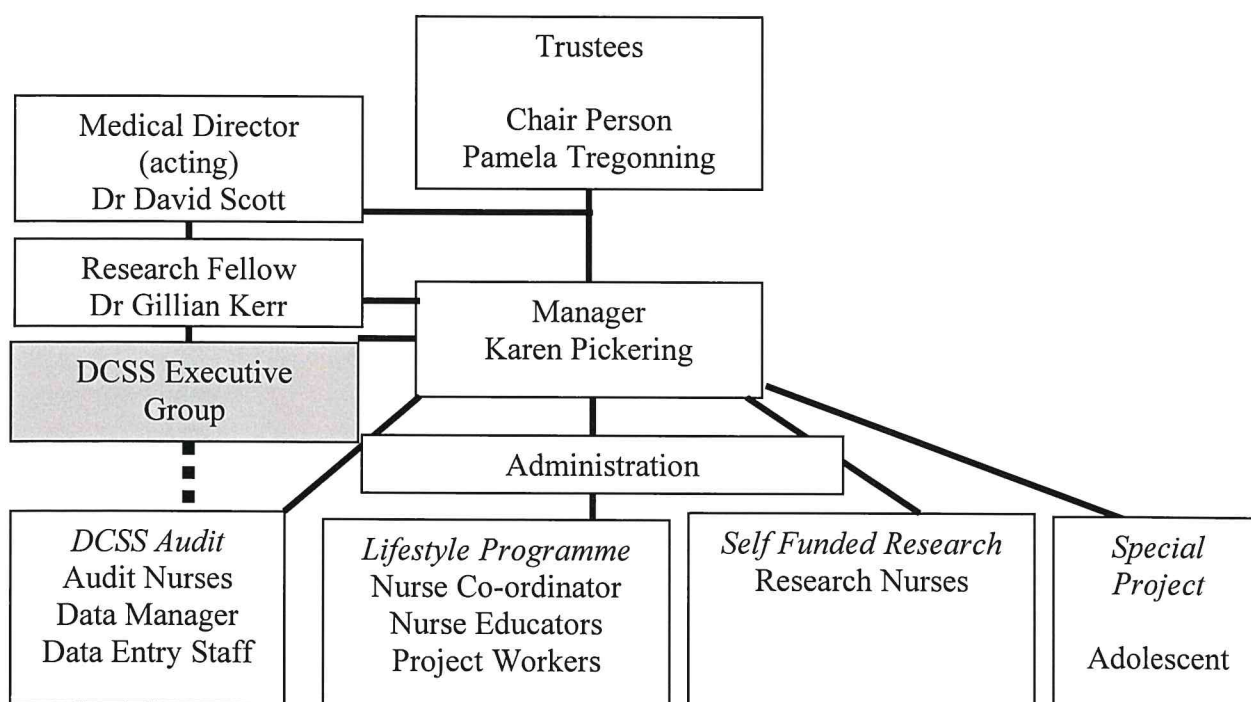
Finally and most importantly my special thanks and that of the board to Karen Pickering and the DPT staff members for their unfailing good humour, cheerfulness and especially their ability to achieve the amazing things they do and stay within budget! The DPT staff is a remarkable team and one that the board is immensely proud of supporting.

Best wishes to all for the year to come.

Pamela Tregonning

Diabetes Projects Trust Board Members

Chairperson	Pamela Tregonning	Executive Director SAHF
Vice-Chair person	Henry van der Heijden	Director, Patient representative
Trustees	John Baker	Diabetologist, Biochemist
	Janet Clapcott	Company Director (retired)
	Faye Clark	General Practitioner
	Judy Hattie	District Nurse
	Olivia James	Otara Health Incorporated
	Ingrid Minett	Manager Diabetes Auckland
	Tom Robinson	Public Health Trainee/previous GP
	David Scott	Endocrinologist & Diabetes Researcher



DCSS Executive Group

Clinical leadership for the DCSS Audit Process as below:

Dr John Baker	Diabetologist, Clinical Head Counties Manukau
Dr Rick Cutfield	Diabetologist Clinical Head Waitemata
Dr Ashwin Patel	General practitioner. Representative Royal College GPs
Dr John Wellingham	Medical Director Integrated Care CMDHB, Project Manager for Chronic Care Programme Development Counties Manukau.
Dr David Scott	Endocrinologist & Diabetes Researcher
Judy Rowden	Audit Nurse - Diabetes Projects Trust

Diabetes Projects Trust – Staff

Jane Biddulph – Special Project – Adolescent	Anna Manson – Audit Nurse
Miria Cleaver – Lifestyle Nurse/Audit	Rebecca Parkinson – Contract Exercise Instructor
Patricia Harry – Data Manager/Exercise Instructor	Karen Pickering – Manager
Eileen Howard – Audit Nurse	Judy Rowden – Audit/Lifestyle Nurse
Melanie Jones – Audit Nurse	Kate Smallman – Nurse Co-ordinator – Lifestyle
Gillian Kerr – Research Fellow	Malaki Vitale - Project Worker
Jennifer Leatham – Administration	Isileli Vunileva– Project Worker

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Diabetes Projects Trust – Main Activities

1) Lifestyle Programme

The DPT Lifestyle Programme is made up of 3 main parts - Health Promotion, Exercise, & Support Groups.

Health Promotion Programmes

Free, individually tailored teaching sessions delivered to the community in a wide variety of venues, including church, Marae, schools, meetings, hospitals, residences, workplaces, GP practices and others.

Sessions delivered - 55

Exercise Groups – Primary and Secondary Prevention

6 free exercise groups are held each week for individuals with diabetes and their families and friends. We are seeing greater participation from the community, with new people starting as well as the return of 'regulars' coming back year after year for their 'exercise fix' during the week.



Instructors Trish and Rebecca are very popular, receiving positive feedback from participants and Trish is regularly asked to appear as guest instructor at a variety of venues and events.

The ethnicity of those attending is mixed, and music selection is by popular choice. Classes continue to vary in age, mobility and health status with some attendees chairbound or aided by sticks.

Support Groups – Primary and Secondary Prevention

2 main support groups, one in Mangere and one in Otago have remained popular and a wide variety of sessions have been conducted with content contributed to and requested by participants. The recognition that there are other things that need attention to ensure wellbeing, not just 'diabetes', helps maintain interest and reflects a contemporary 'determinants of healthcare' approach.

3) DCSS General Practice Audit



The DCSS Audit helps GP's improve the care they provide to their patients with diabetes, and also gathers non-identifiable statistics

The DCSS Audit team has worked hard over the last year and managed to provide a high level of service despite senior staff members moving on, and new staff needing to be trained in the highly skilled area of auditing health records in General Practice.

The DCSS executive met 4 times to review the audit service and provide advice on what recommendations are being given to GP's. New information is being developed to be sent out to GPs as the national guidelines change.

A priority for the year has been the re-design of the tool the nurses use to collect information. The current version has been around a number of years and work is well underway to ensure that it complements other key initiatives, including the 'Get Checked' programme, and Counties Manukau Chronic Care Management.

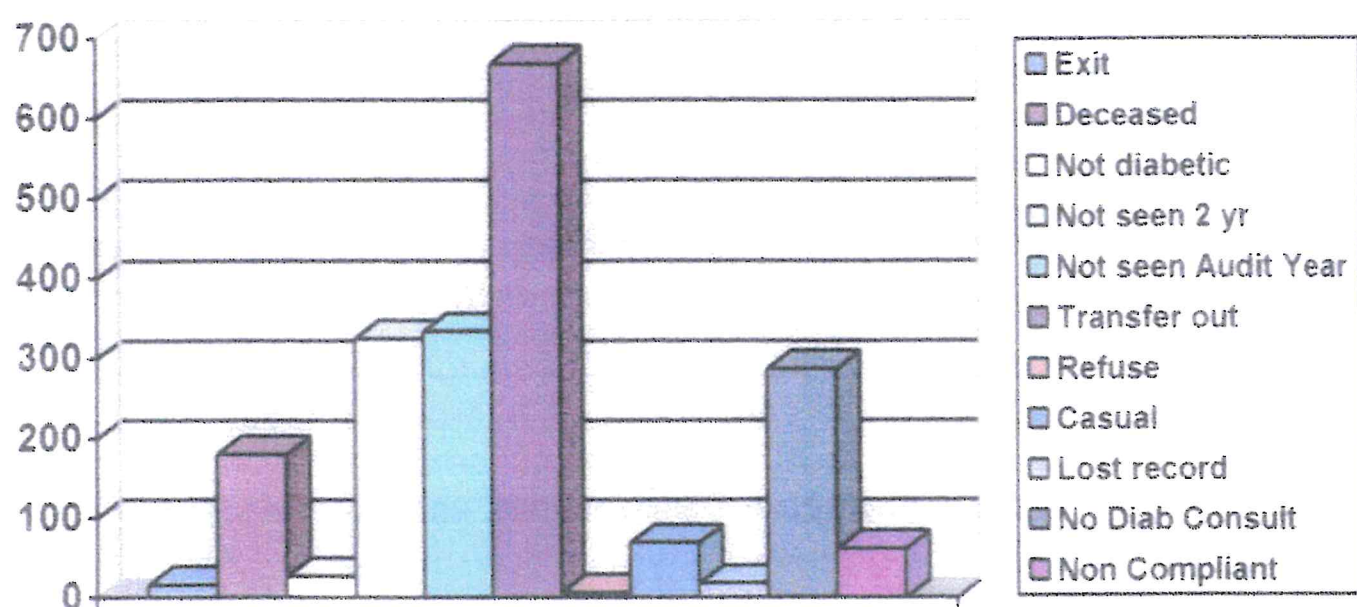
The volume of work carried out by nurses and data staff has been high. Overall, 10674 records were identified for people with diabetes, of them, 7676 had an audit carried out on them. This is an increase in patient numbers from the previous years, while GP numbers remain unchanged.

282 General practitioners participated and the feedback received about the service was very positive. Minor issues were raised, for example, the allocation of patients in practices where they are seen by more than one GP can be difficult to get right, but otherwise the service was well received. Many GPs have participated in the DCSS audit for a number of years, some as many as 9 times – see table below.

Number of Audits	1	2	3	4	5	6	7	8	9
West Auckland GPs	10	22	20	8	5	7	20	12	7
South Auckland GPs	23	29	37	7	19	17	23	5	0
Central Auckland GPs	0	7	4	0	0	0	0	0	0
North Auckland GPs	0	2	0	0	0	0	0	0	0

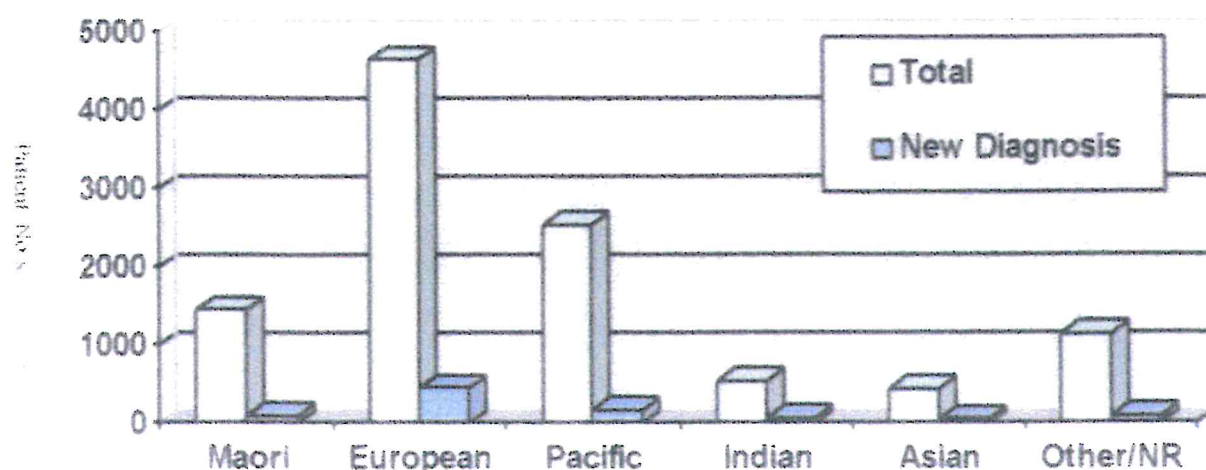
Patients with Diabetes who were NOT reported on

The DCSS Audit routinely reports only on those patients seen within the audit year for a consultation about their diabetes, patients who did not have Gestational Diabetes (GDM), Impaired Glucose Tolerance (IGT) or exit from the practice for any reason. Patients who fall outside this group are still important to consider as they are likely to impact on the services needed in the future. For example, a total of 2998 patients recorded as having diabetes were not audited (28% of total) during the July 2002 to June 2003 year for the reasons below.



New Diagnosis of Diabetes

A total of 901 people received a diagnosis of diabetes for the first time between July 2002 and June 2003 – this meant that 8.4% of all records reviewed belonged to newly diagnosed.

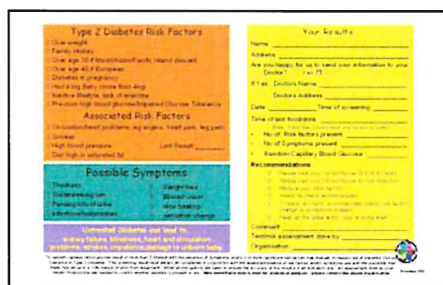


The routine use of interpreters has led to a greater level of satisfaction being expressed, particularly by Tongan and Samoan speakers. Guest speakers in specialty subjects are organised, and where possible a practical approach is used with demonstrations and take-home material.

2) Facilitation and Support of Community Initiatives/Groups/organisations

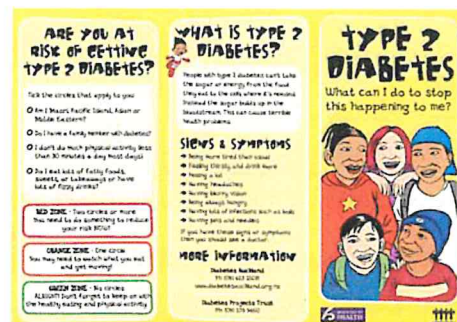
The use of the CODA screening tool in community screening for diabetes risk, as well as the associated policies has increased requiring additional funding to be sourced from the Lion Foundation for re-printing. A poster presentation on this is planned for September 2003 at the Melbourne Diabetes conference.

The Diabetes Projects Trust has also been involved in a variety of community health promotion activities including: Glen Innes Wellbeing day, Mangere College health day, Glen Eden Health forum, Asian Festival, Otara Well child week, Papatoetoe Pools health event.



4) Self Funded Research Studies See Staff Reports – page 8

5) Adolescent Project



A pilot school health promotion programme and a campaign in 72,000 high school diaries are planned for 2004 along with consideration of further translation of resources and formal evaluation of other initiatives.

6) Other Activities



DIABETES PROJECTS TRUST

DPT Staff Conference Presentations – ADEA/ADS conference in Adelaide in September 2002, Regional Diabetes Day 2002. ANA Wellington 2003, ANA Auckland 2003, ANA Whangarei 2003.

Ongoing Staff development – has included Privacy Commission, Basic Life Support, Cardiac Club course for Exercise safety, nurse specialist updates, Technology Expo, Childhood obesity symposium, Presentation skills, computer skills, PIFNAG, media training as well as taking advantage of sessions offered by Health Promotion Forum. Courses have included Pacific Island Nutrition Certificate, Counties Manukau Practice Nurse course for Diabetes, Diabetes Auckland modules, Occupational Health & Safety, MYOB accounting.

Participation – Active participation has also occurred at a planning/support level and included an initiative by the Blind Foundation, work with the Counties Manukau Diabetes Advisory Group (LDT), planning groups for public health legislation, MOH Public Health workshops, PIFNAG (Nutrition/Pacific).

Support of Students from dietetics, nursing (as well as nurses from overseas seeking experience).

Managers Conclusion

The DPT continues to grow, and take on new and exciting projects. It has been a really busy year and the team have had to work together to cover expected and unexpected gaps in staffing and meet new ideas and challenges. This they have done with their customary enthusiasm and dedication and they can be justly proud of themselves for all that they have achieved.

Changes of staff always create new challenges, however I think that the DPT can be proud of its role in setting people off on a pathway towards specialising in an area of interest, particularly when it is related to health promotion and diabetes. Congratulations to staff who have moved on with new skills, Olivia Hala – health promotion for a Pacific Health provider, Karen Weeks – sales representative in pharmaceuticals, and Nellie Allen – volunteer in Papua New Guinea.

As for our main areas of activity. The DCSS Audit is providing a top quality service to GP's in west and south Auckland and the feedback being received back from audited practices is great. It seems that the personal service being given by the nurses who not only gather information but make recommendations and give practical help in the setting up and managing of systems is really appreciated. The information in the DCSS database is really only starting to be utilised, with initial work being done on extracting non identifiable data from it for publication by Dr Gillian Kerr. This is expected to continue, with more efforts being put into analysis of the data.

The lifestyle service is doing really well in terms of meeting and exceeding its contracted requirements, and seems to be improving the level of knowledge in the community and providing motivation for behaviour change, this is helped by a team approach making use of the wide variety of skills we have.

The Adolescent project... we are now far from being a solitary voice in the wilderness with the potential consequences of neglecting youth health on every health promoters lips – and the DPT is in there already working away at doing or creating practical things to make a difference.

With the planned recruitment of a Medical Director and a new look at the DPT's strategic direction in line with what is happening in the diabetes environment external to the organisation, it looks like another busy and satisfying year to come.

I would like to say a personal thankyou to Kate Smallman for doing such a great job as acting manager while I was away on maternity leave and also to the DPT team and board for their support during what has been an exciting and challenging time for me and my now expanded family!

Karen Pickering

From Bill Wiki – Advisor on Community Issues



I find that the people in the support groups really enjoy what they've achieved. I have been very busy organising and making sure the best advice is provided, and I always say that even though medications give relief, having people come to talk and give good advice acts just like medication, not just about diabetes and health, but organisations like social welfare. Having access to this information makes people in the support groups feel better, gives them confidence in themselves and encourages them to go and do their business on their own, and they can ask for things for themselves.

I find that the work continues even after the support group has finished with people ringing me up with questions, sometimes clarifying and saying how relieved they are to have help.

One of the big things I find with Diabetes Projects Trust staff is that translation into the peoples own language gets across the wisdom from the speakers better, they understand more clearly. This is very, very helpful to the groups and job well done by Malaki and Isi, it's a big thing.

I feel that we've put out there, and the people have achieved their goals at the end of the year. The enjoyment and the love and joy that the support groups get from the staff means its important for the people to say thankyou. For this, there is a shared luncheon, to spend a few hours saying thankyou at Christmas time.

For the coming year I would like to see new resources in different languages. I want to see more of the activities in the town centre, showing the rest of the world that we can do it, even when we're older, and its amazing how many people come to us after seeing the example set for them in the town centre. The networks are really important, and I get the real joy when I see new people come along.

Finally, walking back into our future, our old people are saying to our young people how important is that they don't get the health problems they've got, and lets help tackle it together.

Bill Wiki

Staff Reports

Report – Jennifer Leatham – Administration

Well, another enjoyable and eventful year has just flown by.

After I had completed a basic accounting course using MYOB, we installed it for our use here, and are now into our second financial year with the programme. The reports available at the "press of a button" certainly cut down on the amount of time spent transferring/recording data.



Word is getting out about our information database and we continue to receive queries from students wishing to access it.

On a personal note, I would like to thank our Manager, Karen and Trustees for the support offered to me, especially during my time learning and setting up MYOB. Also to the rest of the DPT Team – Thanks - you make every workday a great day!



Report - Kate Smallman - Nurse Co-Ordinator Lifestyle

This has been a very busy and exciting year. Miria Cleaver and Judy Rowden have joined the team of lifestyle nurses and have grown and developed in their work. Patricia (Trish) Harry has been working with the team more and developing her teaching skills, particularly in nutrition and physical exercise. This was very reassuring to see the team develop as I acted as manager for the trust for 3 months due to Karen being on maternity leave.

The lifestyle team has been working well with diabetes awareness and healthy lifestyle education in many different settings. There have been 6 work placement sessions, where the factories closed down whilst we talked to the workers. This was rewarding as we saw different groups of people that would not usually have been seen. We have been working with Green Prescription on several projects; one even included a visit to Eden Park. There has been a move more into schools and talking about health promotion and prevention of diabetes and cardiovascular disease. The Otara Health event in March saw many different health providers come together to work together for a community event.

The six exercise classes have all grown in size and commitment from regular attendee's. The support groups have also grown and are well attended. All the sessions are evaluated, before, during and after the event to ensure good practice and that people benefit from the sessions. We are always open for discussion on what people want and need and how we can improve our service.

We are looking forward to a new and exciting year as PHO's develop and grow. Diabetes prevention is now on everyone's lips it is the right time to move forward and develop.

Report – Patricia Harry – Data Manager & Exercise Leader

The data team would like to report that all is going well in regards to the South and West areas. Audit nurses are working well and making good progress. The database continues to grow and lots of participating doctors. There will be further changes to the database... stay in tune.

The free exercise classes are also going well. A lot of referrals are coming to the groups with the help of a referral system from various organisations, doctors surgeries, word of mouth and diabetes clinic nurses. The groups continue to grow with a lot of eager participants and support.



Report – Judy Rowden - Audit Nurse Counties Manukau

The Audit has been going well after a slow start due to staff resignations, with good participation from GP practices. We have had 3 new Audit Nurses start this year which has helped pick up the pace somewhat. In general though we are well pleased with the effort put in by all our nurses and have received some very encouraging comments both verbally and written, from Doctors and their practice nurses. This is always a great encouragement to us all.

Report – Janette Medforth – Research Nurse - Field Study

Patient retention for this study is 224 out of the original 239 which is a really impressive achievement for a 5 year study. Loss has been to natural causes rather than problems with the study itself. Last close out visits for every patient retained in the study will be between January and April 2005. Jacqui Stone will be on maternity leave from late 2003 and will be returning in March 2004.

Report – Gillian Kerr – Research Fellow

My first project looking at both the demographic and clinical details of those patients with Type 2 Diabetes diagnosed at a young age is complete and all data is available on a MS Excel spreadsheet. Some of the data has been used for a poster to be displayed at the ADS/ADEA conference. I still hope to complete a research letter/brief paper using this work.

My second project looks at vascular risk factors, treatment and mortality in Type 2 Diabetics whom have had an admission to Middlemore Hospital with a Myocardial Infarction or Congestive Cardiac Failure. The data collection and statistical analysis is complete. This work will continue to be written up as a paper over the next few months and submitted to an international Medical/Diabetes Journal.

David Simmons recently suggested a further project looking at cardiovascular risk measurement in Diabetic patients. It is an exciting and large scale project and some preliminary work has been completed.

The audit sheet has been changed to reflect recent developments in Diabetes and to make it more "user friendly" for audit nurses. The CCM and RCDI were also considered in modifications. The redesign is finished and arrangements for printing and reprogramming of the database are still to be made.

I have thoroughly enjoyed time spent at DPT. I feel the nurses and other staff have found it useful to have someone on hand to answer medical queries but my main role was research using the DCSS database. There is huge potential for research using the database and in my brief time here I have just scratched the surface.

Acknowledgements



Special Thanks to: Roche Diagnostics – provision of meters, test strips and test materials, Lion Foundation – sponsorship of CODA screening tool printing, Telecom – reduced rates for Charitable Trust, South Auckland Community Health Trust Inc – funding for staff education, Xerox – contribution towards printer purchase, Ant Sang – Comic Artist – for allowing free use of his artwork over and above original commissioned purpose

Otara Health & Diabetes Awareness Event sponsors, East Tamaki Charitable Trust, Hubbards, Yummy Fruit, Frucor Beverages (water)