A Four Year Journey in the Development & Delivery of a Dietetic Service in the Tallaght Chronic Disease Hub

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BACKROUND

The National framework for the Integrated Prevention & Management of Chronic Disease in Ireland (2020-2025) focuses on improving standards of care for four major chronic diseases affecting over 1 million people in Ireland (diabetes, cardiovascular disease; chronic obstructive pulmonary disease & asthma).

Nationally, Chronic Disease Hubs have been set up to deliver integrated care programmes for these conditions. Community dietitians are an integral part of the Diabetes & Weight Management service. This is an overview on the development & delivery of the Tallaght Hub dietetic service since 2022.

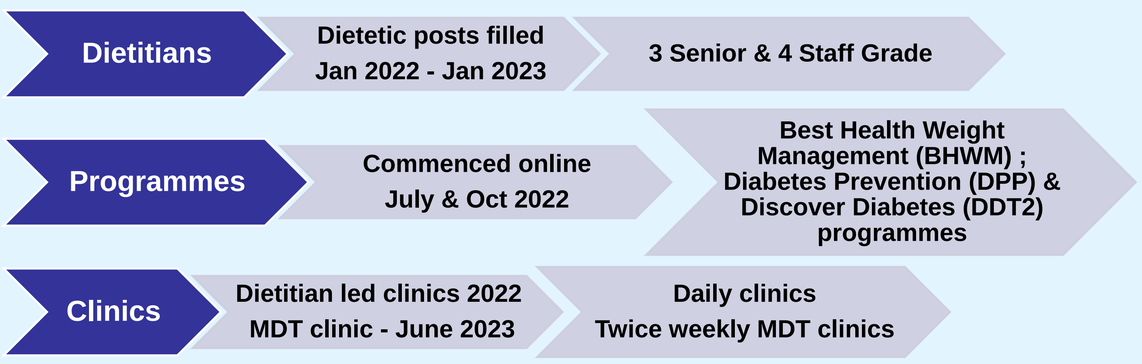


Figure 1: Service Time Frame

AIM & OBJECTIVES

The primary aim & objectives of the dietetic service are:

1. To provide specialist ambulatory care for the prevention & treatment of Type 2 Diabetes and weight management.
2. To review and improve service delivery from data collection on referrals and clinic & group attendance from local ECC-ICPD activity metrics (2022-2025).

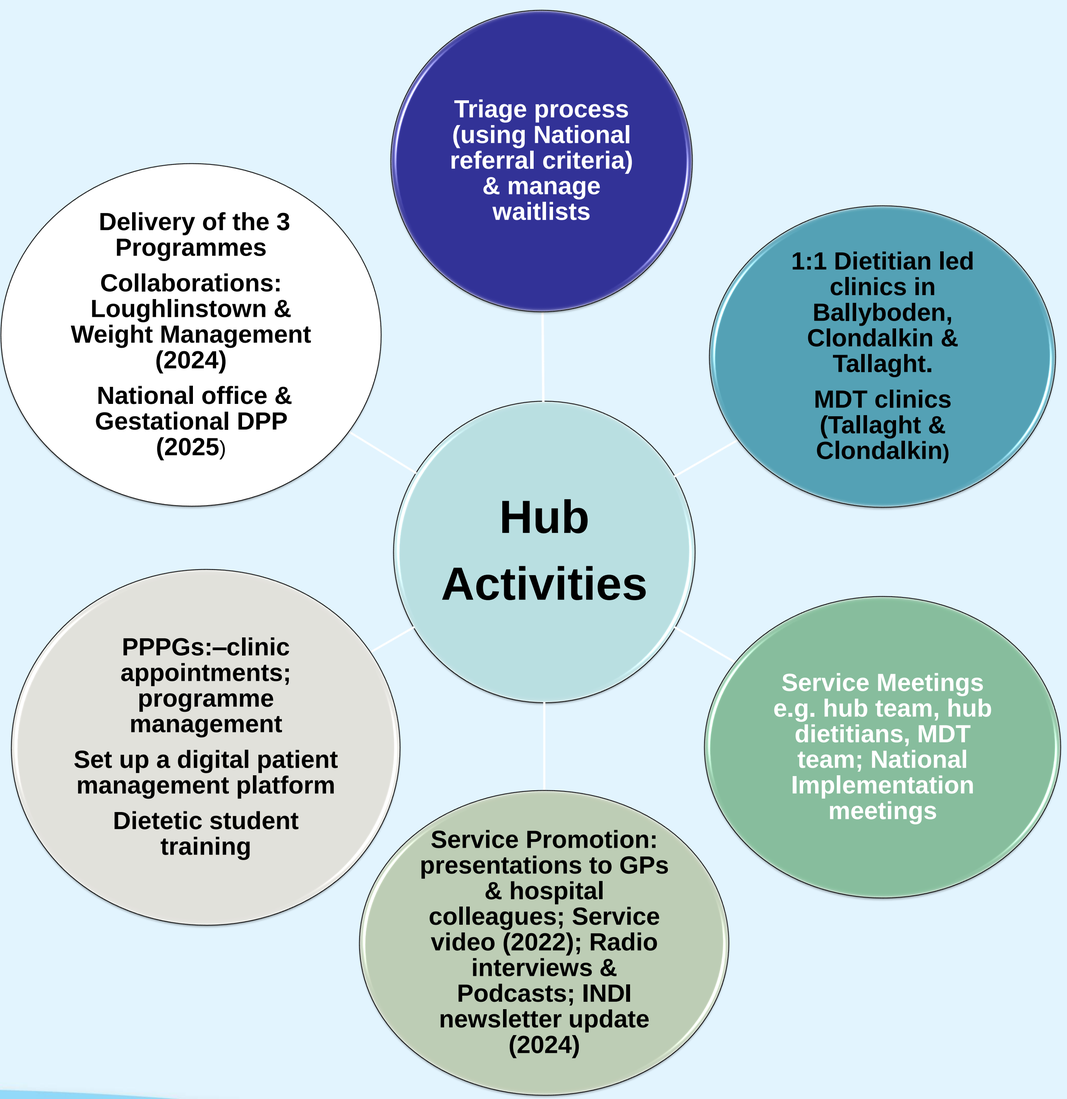


Figure 2: Hub Activities

RESULTS

In January 2022, hub dietitians started to come into post and services were set up including dietitian-led clinics and the 3 Self Management Education (SME) programmes. The national SME office provided training & support (Figure 1 & 2).

Referrals: Since 2023, approx.1900 referrals are received annually with 70% acceptance. The referrals are triaged by senior dietetic staff.

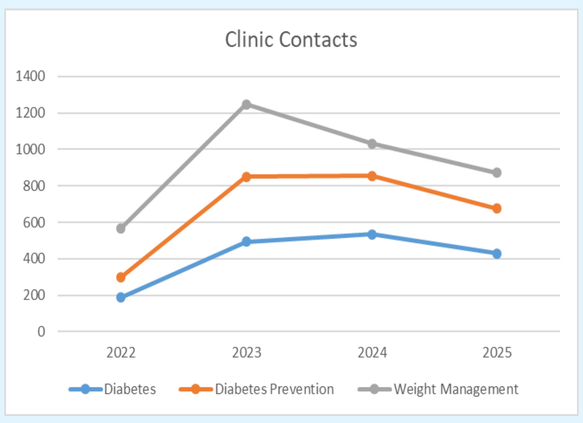
Service user contacts: Total of 10,216 contacts (36% clinic and 64% group).

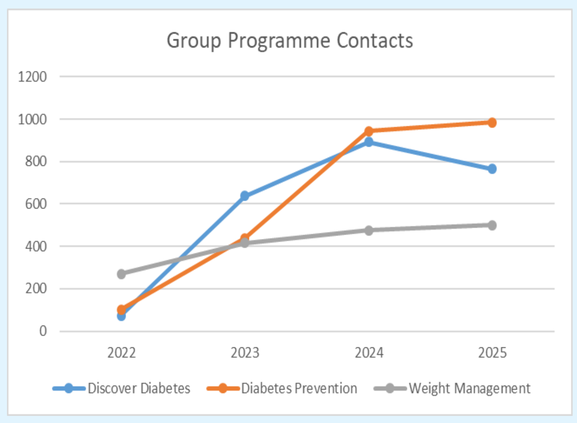
Group programmes : 66 groups completed (40 DDT2,14 DPP & 12 BHWM); 13 programmes in progress (December 2025).

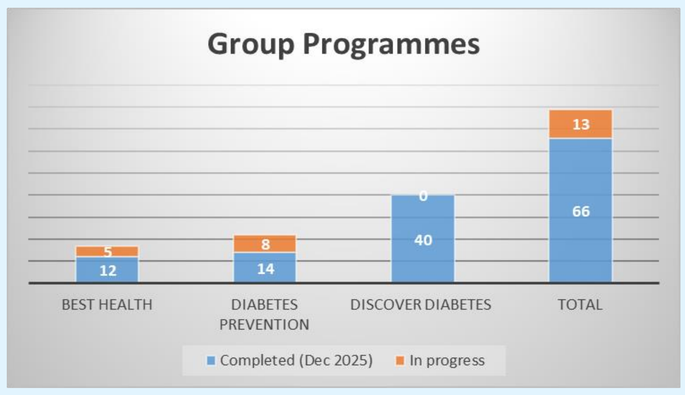
Reduction in contacts in 2025 relates primarily to decrease in staff.

Clinic contacts	2022	2023	2024	2025	Total
Diabetes	187	493	535	429	1644
Diabetes Prevention	109	357	320	246	1032
Weight Management	269	398	176	197	1040
Total	565	1248	1031	872	3716

Group contacts	2022	2023	2024	2025	Total
Discover Diabetes	73	638	892	765	2368
Diabetes Prevention	102	439	943	985	2469
Weight Management	270	417	475	501	1663
	445	1494	2310	2251	6500







CONCLUSION

The Tallaght Hub has provided a significant contribution to the successful rollout of the National Chronic Disease management programme due to strong and supportive teamwork within the Hub and the National SME office as evidenced by number of programmes facilitated and service user contacts.
Challenges at start included setting up pathways to manage clinics, group programmes, advertising services and securing resources. More recent challenges are staff reductions and managing waitlists due to high referral rates with increased wait times to be seen. Opt in letters & texts to service users have been utilised.
The hub dietitians continue to deliver equitable patient care and prioritise service planning and improvement based on referrals received.

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