

Availability

Brings all diabetes-related services together in a multi-disciplinary healthcare setting, therefore closing skills gap

Not all diabetes-related services may be available under one roof

Accessibility

Services easily accessible to the community

Hospitals may be located in far off areas from the community

Affordability

Cost-effective Services

More costly

Community Engagement

- Apnee Sehat model can be an example of Best Practice for SHA and nationally
- Community-centric service
- Culturally sensitive approach
- Effective communication by South Asian healthcare professionals to lead and deliver services
- Tailored to suit South Asian lifestyle and diet, whilst aiming to reach out to all the families
- Care Plan and Health Passport in Preferred language

- Care is not community centric
- Not always culturally sensitive
- Potential language barriers
- Not always tailored specifically to the South Asian lifestyle
- Standard models of care are not tailored to meet the needs of ethnic minority groups

Patient Empowerment

- Holistic approach leading to better understanding of disease, lifestyle advice and risk
- Better information for patients about their disease through patient education

- Lack of understanding in the patient affecting the treatment
- Patient education is not a priority

Better Health Outcomes

- Improved self-management
- Highlighting successes through evaluation of model delivery
- Delivering evidence-based risk strategy
- Less Outpatient hospital visits
- Reduction of risk factors by 23% through multifactorial intervention
- Reduced health inequalities
- Reduced cardiovascular (CV) risk

- Health inequalities
- High levels of patient non-compliance due to increased number of visits to hospital