

Insulin delegation and other strategies to reduce the load on stretched services

Welcome to this edition of the *Journal*, which I sincerely hope you will find engaging. On the work front, we are seeing an ever-escalating number of referrals and are being faced with immense challenges of prioritising and managing this increasingly complex cohort. Pressures are apparent right across the system, from primary care through to intermediate services and secondary care. Diabetes is not unique in seeing this increased service demand, and it is unquestionably being felt across the nations.

During such times, simply managing the daily workload feels to be a success in itself! However, it is also in such times that we see innovation and have the opportunity to completely rethink how we manage some aspects of our care delivery. [I have written previously](#), even before the pandemic, about the pressures on our District Nursing (DN) colleagues from the increasing numbers of our elderly and frail patients who require insulin administration. With our aging population and increasing prevalence of diabetes, it has always been inevitable that the demand for insulin administration will grow.

Many projects have taken place across the country, with the focus on minimising the impact of this growing service need on our DN teams. [In a recent editorial](#), I highlighted the NHS England insulin delegation package. In this edition of the *Journal*, I highly recommend to you the article on [a collaborative approach to insulin administration](#) from our East Sussex colleagues. Prior to the launch of the NHS England document, they piloted delegating this task to health and care workers (HCWs), with very positive results not only financially but also in terms of increased service satisfaction amongst their patients and those HCWs who now have the knowledge and skills to perform the insulin administration. This article, along with the NHS England package (including an [e-learning module](#)) really should help services to move forward with the confidence needed to deliver real service change.

The PCDS Entry Level Module series

Continuing on the same theme of upskilling staff so that we can deliver better diabetes care despite the increasing demand on services, I again draw readers' attention to the new [PCDS e-learning modules](#) on the nine annual care processes recommended for people with diabetes. As one of the authors of the series, along with Nicola Milne and David Millar-Jones, [I introduce the modules](#) elsewhere in this issue. I recommend you take a look.

New diabetes drug developments

On a completely different note, we have had a further licence update in the sodium–glucose cotransporter 2 (SGLT2) inhibitor class. This really does seem to be the medication class that keeps on giving. Dapagliflozin has now had a [licence update](#) for use in treating chronic kidney disease both in people with type 2 diabetes and in those without the condition. This is in addition to its licence for use in heart failure with reduced ejection fraction, again both in those with and without diabetes. The evidence base across this whole class of medication continues to grow at a rapid rate. Indeed, as this issue goes to press, the European Society of Cardiology Congress is about to begin, and we are expecting some exciting news about the use of empagliflozin in treating heart failure with preserved ejection fraction. Watch this space!

In the recent American Diabetes Association conference, we also had the opportunity to hear about the innovations and latest medication developments in type 2 diabetes. The future certainly looks exciting. You can read our [brief summary here](#), while those of you who wish to learn more in greater detail can read Pam Brown's [in-depth analysis](#) in *Diabetes and Primary Care*. It really is a fascinating read.

I do hope you are all able to enjoy the good late-summer weather we are currently experiencing – after a very chilly August so far – and have the opportunity to get away, even if for another staycation! Until next time, I wish you all well. ■



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Citation: Down S (2019) Insulin delegation and other strategies to reduce the load on stretched services. *Journal of Diabetes Nursing* 25: JDN197