Football, tennis and a framework in search of a workforce

A lot has happened since my last editorial. The summer has been packed with sport, which I love! I am definitely getting football withdrawal symptoms between the end of the World Cup to the start of the new season. Sad, I know! But even those who are not great sport lovers cannot deny the spotlight recent global sporting events have shone on diabetes awareness.

A number of the national teams in the 2026 FIFA World Cup included players with type 1 diabetes who openly discussed living with the condition while competing at the highest level. These include Sweden's Jesper Karlström, who could be seen using continuous glucose monitoring technology and insulin pens.

At the Glasgow 2026 Commonwealth Games netball competition, England's Jess Shaw and Australia's Sarah Klau made headlines as they competed at the highest international level while actively managing type 1 diabetes.

Alexander Zverev, who has won 23 titles and an Olympic gold medal, reached the men's singles final at Wimbledon in July. He talked openly about his diabetes and how he hid his diagnosis early in his career out of fear of judgement and prejudice, but also how it has never stopped him from achieving his ambitions.

Visible sporting role models on TV and social media over the summer has definitely generated discussion about diabetes, which can help reduce feelings of isolation and go some way towards reducing stigma and removing false ideas about what people with diabetes can achieve.

Moving from elite athletic achievements in people with diabetes to everyday public health is not an easy segue! However, I want to highlight the publication of the *Neighbourhood Health Framework*,[1] which, in my opinion, marks a defining moment for the future of diabetes care in the UK.

In this issue, Nicola Milne's editorial explores new healthcare delivery models and frameworks. It is an essential read for understanding the potential impact these new frameworks could have on care delivery and nursing workforce in the near future.

Over the past decade, dozens of major national strategy documents, independent reviews and white papers have championed shifting care into local communities. Despite these recurring policy ambitions, the practical success of moving care into UK neighbourhoods has been severely limited.

We have heard successive governments promise a "left shift" – a strategic migration of resources and care from acute hospitals into local communities. Yet, from the 2014 *Five Year Forward View*[2] to the 2019 *NHS Long Term Plan*,[3] these initiatives have consistently faltered. The newly launched *Neighbourhood Health Framework* introduces an explicitly mandated, phased delivery roadmap backed by hard national targets, concrete infrastructure plans and restructured contracts. In my opinion this sets it apart from previous plans.

For the nursing workforce, understanding the mechanisms that differentiate this framework from previous strategies is vital, as it fundamentally alters the landscape of community care delivery.

This structural shift becomes even more complex when we weave in the newly published *Cardiovascular Disease (CVD) Modern Service Framework*.[4] Cardiovascular risk reduction has long been recognised as the golden thread running through modern diabetes management. We do not just manage blood glucose; we actively protect the cardiovascular system and kidneys. The new CVD framework demands that multimorbidity screening, lipid optimisation and early cardiorenal protection be delivered systematically at the primary care level. We touched on this earlier in the year following the publication of NICE's updated NG28 guidance and recognised then that this could have a significant impact on the workload of community and general practice nurses.

Julie Brake
Diabetes Nurse Consultant, NHS University Hospitals of Liverpool Group

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"We know that when integrated community care is properly resourced, it transforms lives."

Two recent publications have laid bare the fragile foundations upon which these new frameworks rest. The first is the *General Practice Nursing Today*[5] report published by the Queen's Institute of Community Nursing (QICN), which exposes the vulnerabilities within primary care nursing. It highlights that community and general practice nursing teams are already straining under workloads. Crucially, the report notes that as clinical complexity increases, highly skilled specialist nurses are frequently being replaced by lower-banded roles and less experienced nurses. I am sure most secondary care and specialist services are seeing similar workforce and skill-mix changes within their own teams. The general practice vulnerabilities highlighted in the report were mirrored across the wider nursing workforce by the Nursing and Midwifery Council's (NMC) *Spotlight on Nursing and Midwifery 2025*[6] report (published in 2026), which highlighted concerns about nurse retention, workplace culture and increasing workload and burnout.

Yet, despite these systemic anxieties, we know that when integrated community care is properly resourced, it transforms lives. The UK is already home to outstanding blueprints of localised excellence that show exactly what these new frameworks could achieve if backed by the right workforce strategy. By placing diabetes specialist nurses and multidisciplinary teams directly into community hubs, these initiatives have delivered measurable improvements in glycaemic control, cardiovascular risk reduction and reduced hospital referrals, while being welcomed by local people living with diabetes. It is essential, though, that skill mix and staffing levels are right. Community teams are eager to scale up successful, integrated networks and pull that golden thread of cardiovascular protection through every neighbourhood clinic. But enthusiasm cannot replace nursing numbers, and we cannot ignore the findings of reports such as those provided by the NMC and QICN.

If healthcare commissioners expect these intersecting frameworks to succeed, they must look beyond the geography of care and invest in the people who deliver it. ■

1. Department of Health & Social Care, NHS England (2026a) *Neighbourhood Health Framework*. Available at: https://bit.ly/4zeRhPr (accessed 14.08.26)
2. NHS England (2014) *Five Year Forward View*. Available at: https://bit.ly/4678M6F (accessed 14.08.26)
3. NHS England (2019) *The NHS Long Term Plan*. Available at: https://bit.ly/4x5Uxv4 (accessed 14.08.26)
4. Department of Health & Social Care, NHS England (2026b) *Cardiovascular disease (CVD) modern service framework (MSF): a cardiovascular-kidney-metabolic approach. The strategic vision and delivery model*. Available at: https://bit.ly/4x6O7Mg (accessed 13.07.26)
5. Leary A, Punshon G, Brady L, Ball K (2026) *General Practice Nursing Today*. Queen's Institute of Community Nursing. Available at: https://bit.ly/4gxF7tr (accessed 14.08.26)
6. Nursing and Midwifery Council (2026) *Spotlight on Nursing and Midwifery 2025*. Available at: https://bit.ly/3TMlYu1 (accessed 14.08.26)