Eugene Hughes

The NSF for Diabetes: time to stop the whining

Australian joke: 'How can you tell when a plane load of Pommies has landed?' Answer: The engine has stopped, but the whining continues.' The National Service Framework for Diabetes Delivery Strategy landed quietly in January. Will the whining now stop?

At first glance, there is still plenty of ammunition for the whiner's club: no ringfenced funding; a lack of specific targets; the apparent passing of the buck to PCTs; and most embarrassingly of all, the assertion that the NSF will be delivered by means of the new GPs contract, which is not yet in existence, and may even be voted out.

Positive elements of the NSF

Yet despite all this, even I, a hardened cynic, found some good things in this document. A national retinal screening programme is long overdue, and can be realistically achieved in the given timeframe. There are many existing examples of good practice, and much can be learned from these schemes.

Practice based registers are almost the norm, but the data held thereon may not be the most accurate. PCTs, and indeed practices, can dedicate themselves to the worthy and rewarding task of cleaning up these registers, and attempting to standardise the data entry procedures. In this respect, we are streets ahead of our secondary care colleagues. It is my firm belief that practice based, rather than district, registers are the key to improving diabetes care: better recall; better audit; and better use of protocols.

The setting up of diabetes networks simply gives more clout to structures like Local Diabetes Services Advisory Groups, which have been in place in many districts for years. The involvement of 'champions', both clinical and patient focused, should lead to a service which is constructed around the needs of people with diabetes.

Baseline assessments and workforce skills profiles should identify weaknesses and gaps in service delivery in the PCT structure.

All in all, there is much here that we can put to good use. We need to exert pressure on PCTs to get a move on, and to include diabetes in the 3 year spending plans.

Conclusion

The NSF may not be what we would have wished for, but it is what we have got, and we have to work with it. It is time for the whining to stop, and time to 'talk up' this document in order to secure effective, accessible, quality services for people with diabetes.

This issue of *Diabetes and Primary Care* focuses on the details of the NSF, with several articles looking at how primary care can respond positively to the challenge.

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