

Service redesign: Why diabetes nurses need to get involved



Sue Roberts

The role of nurses in providing diabetes care has never been more important and the opportunities to develop enhanced skills never greater. There are already several thousand nurses based in both primary and secondary care delivering the majority of day-to-day care for people with diabetes. All the evidence indicates that people with diabetes, and other healthcare professionals, value their role extremely highly. Taken together, this provides significant opportunity for nurses to become a major influence in how care is shaped to meet the needs and preferences of people with diabetes and those who care for them. However, as I travel around the country I do not see this being recognised or grasped by the majority of nurses.

The NHS is currently undergoing the greatest change in its history. It is being reshaped to ensure that services are designed around patient needs instead of traditional practice, are closer to home and are more supportive of self-care. I know that there has been concern that the emphasis on primary care means the slow demise of diabetes specialists. However, I believe it is not the specialism that is under threat but rather that there is a changing focus on where and how that care is provided. The drive towards delivering care at the most convenient time and place for the patient will not go away and presents opportunities for nurses to work in new ways, and in new teams.

Workforce development: The nurse's role

The next year will focus on commissioning. This is the process that determines how the health and healthcare budget is spent. It will be a key driver to ensure that services are patient-centred and designed around the specific needs of the local population. It is a strategic process involving partnership with service users and clinicians. I believe that nurses, working through local diabetes networks, have an important contribution to make to this.

Barriers range from a general lack of understanding of how to get involved to specific ignorance of workforce design. I hear discussions focused around traditional roles, service models and professionally based rather than patient-

centred practice. For instance, there is confusion around the role and importance of competence frameworks. The Diabetes National Workforce Competence Framework (Skills for Health, 2005) appears to have little recognition from nurses and yet provides the building blocks that will be used to shape the workforce over the coming months. It aims to ensure that the workforce has the right skills to deliver the service based on patient needs and not traditional professional roles. These competences will be used to design local models of care, shape new teams, define new roles, write job descriptions and plan individual and team training. They also link to the NHS Knowledge and Skills Framework.

The *Integrated Career & Competency Framework for Diabetes Nursing* (UK Association of DSNs and the Royal College of Nursing, 2005) is a useful resource for individual nurses planning their careers and professional development from 'novice to expert', enabling them to reflect on the skills they will need. In my view, nurses need to clarify the differences between these approaches and become confident and skilled in working with the national framework.

I can understand that in the current climate all professional groups are struggling to define their roles and clarify the contribution they can make. From my perspective, one of the major challenges facing the diabetes nursing community is the lack of a clear strategy and a cohesive voice to expound it. There seems to be a substantial 'engagement gap' for nurses in ensuring that their voices are heard and their interests represented in developing the way services will be delivered.

Finally, I understand that the pressures on everyone working in the NHS at the moment are profound. People may want to keep focused on their immediate future in absence of anything else. For some, the challenges and satisfaction of one-to-one care may seem sufficient. However, I think that it is in exactly these circumstances that leadership is most required. I realise that it takes a Herculean effort to do so but it is an effort that is urgently needed. I am sure that the nursing community has the skills, commitment and drive to do just that. ■

Skills for Health (2005) *Completed Frameworks. Diabetes.* http://www.skillsforhealth.org.uk/view_framework.php?id=56 (accessed 13.11.2006)

UK Association for DSNs, Royal College of Nursing (2005) *An Integrated Career & Competency Framework of Diabetes Nursing.* <http://www.diabetesnurse.org.uk/Downloads/Competency-Framework.pdf> (accessed 13.11.2006)

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