Leadership in diabetes nursing: Your views

Reaction to this issue's leader pieces from Anne Scott and Sue Roberts (pages 324 and 326)

'While diabetes care has changed dramatically, given our extensive experience and knowledge, I am adamant that there is still an important role for DSNs to fulfil.'

On behalf of the UK Association of DSNs

As the leader of a national association representing DSNs, I was initially rather dismayed at the comments made in these editorials. As DSNs, we are currently working under considerable pressures and constraints, within a health service that is undergoing significant (and what seems like constant) changes. This has been, and will continue to be, very difficult.

Diabetes care has evolved significantly since 1997, when the UK Association of DSNs was founded. For example, there is now much more emphasis on diabetes management taking place in primary care – yet many DSNs continue to work in the acute setting. While diabetes care has changed dramatically, given our extensive experience and knowledge, I am adamant that there is still an important role for DSNs to fulfil. Our input is invaluable in areas such as insulin pump therapy and structured education, for example. There is still plenty of work for everybody, but the work needs to be performed by the right professional at the right time and in the right place.

I agree with the notion that nurses working in diabetes need to forge ahead and grasp the opportunity to confront the new challenges before us. I also believe that there is definite value in considering the formation of a single group with a strong voice that will represent and lead all nurses working in diabetes.

By constitution, our association currently counts DSNs as its sole membership group. In going forward, we will need to discuss with our members the potential for opening up the group to other nurses working in diabetes – the practice nurses, nurse facilitators and consultant nurses, for example – and potentially renaming the association appropriately. Hopefully, this will promote the more collaborative and communicative future that we all seem to agree is needed for nurses working in diabetes, whatever their job titles!

Phyllis Bushby, Senior Clinical Nurse, Sutton-in-Ashfield, and Chair of the UK Association of DSNs

'To survive, the role needs either to evolve into a "specialist-specialist" post or move to support practices in the care of more complex patients in the community.'

On behalf of the RCN Diabetes Forum

Both articles acknowledge that diabetes nursing is very broad these days and the three main diabetes nursing groups reflect the different needs and interests of nurses involved in working with people with diabetes

The Nurse Consultant (NC) Group was not set up as some sort of elitist group, but to support the relatively small and isolated group of nurses in this new role. I was the ninth NC to be appointed and the support of the existing eight NCs was very welcome indeed.

The UK Association of DSNs meets the needs of the 'traditional' DSN, while the RCN Diabetes Forum addresses, in particular, the interests of practice, ward and district nurses and those working in nursing homes. There is already an overlap between these three groups, with nurses serving on at least two committees.

However, diabetes nursing has seen some major changes recently, with much of the work of the traditional DSN being taken over by practice nurses (including initiating insulin). To survive, the role needs either to evolve into a 'specialist-specialist' post (e.g. the diabetes specialist midwife, insulin pump therapist, or renal specialist diabetes

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nurse) or move to support practices in the care of more complex patients in the community. Practice-based commissioning will drive this evolution. All this change *does* need strong leadership but many potential leaders are preoccupied with coping with trying to maintain quality services at a time of NHS cutbacks. Lack of time, worry about job security, burn-out etc, can make it difficult to be a leader.

Perhaps we need a Clinical Director for Diabetes Nursing?!

Jill Hill, Diabetes Nurse Consultant, Birmingam East and North PCT

On behalf of the Education & Development Group of DSNs

These editorials are powerful and should make us aware of the potential the DSN role still has despite the current difficulties that DSNs are facing in the NHS. Broadening the role and being innovative and adventurous in its delivery has great potential in current times.

As such, the Education & Development Group of DSNs, whose sole role was to design a national degree qualification to educate nurses to become DSNs, is a sign of success. Of the original pilot site students, three have entered into innovative DSN posts. Their new knowledge has invigorated their practice and enabled them to tackle being a DSN head-on under the current pressures.

If a national group is to be formed then the members of the original Education & Development Group of DSNs should be invited to be a part of this too, to represent the education and development needed to prepare DSNs for the future.

Anne Phillips, Programmes Lead in Diabetes Education, University of York, York

On behalf of the National Diabetes Inpatient Specialist Nurse Group

Leadership in diabetes nursing: where is it? Good question. The national DISN group has agreed that this is sorely lacking.

As ideas about diabetes care have changed with a shifting emphasis on care closer to home, we are left with nurses with an interest in diabetes working in many different roles in a wide geography even within local areas. Whilst we all want – and need – to know what other groups are doing, with current time pressures nurses generally attend meetings with issues entirely relevant to their practice.

A possible solution, as discussed at our national meeting, would be a committee of senior nurses with representatives from all areas – i.e. nurse consultants, DSNs, practice nurses, DISNs, facilitators, etc – who could promote leadership in nursing, speak for their own groups, and link into the wider multidisciplinary team. This may be a way to create a united voice.

Esther Walden, Diabetes Inpatient Facilitator, Norwich, and Chair of the National Diabetes Inpatient Specialist Nurse Group

A personal perspective

From a personal perspective, the rationale for a Nurse Consultant Group was primarily to provide peer support, rather than to set ourselves up as an 'elite' group. Remembering that nurse consultants were in very small numbers initially, that the post was a new development and that many of our DSN and consultant colleagues were struggling to identify where the role may fit into diabetes care, the provision of peer support was essential.

I have no issues with the diabetes nursing groups merging as one. However, this group would need leadership! It would be essential to define a clear strategy, to meet the aims and objectives of this group, and ultimately to develop services to meet the needs of people with diabetes.

The Nurse Consultant Group would like to reflect on these articles and respond more fully, and we shall do this in the next issue of the journal (the tight printing schedule prevented us doing so in this edition).

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