

# A leadership responsibility for all

**Judy Downey contributes to the leadership debate on behalf of the National Diabetes Facilitators Group and discusses the areas from which our leaders are likely to emerge from.**

The National Diabetes Facilitators Group (NDFG) is a recognised national body that has been in existence since 1995. The original intention of the group was to support those nurses working to improve diabetes services in primary care.

Many diabetes facilitators have a background as DSNs in secondary care, but by no means all. Our membership is now open to all nurses and dietitians working in primary care, who have an interest in improving diabetes services. The shift in provision of diabetes services from secondary to primary care coupled with the dramatic rise in the incidence of type 2 diabetes has ensured that the numbers working in this speciality have grown too.

The diabetes facilitator's role should be viewed as a very important one in the new NHS as it is often strategic and influential in the improvement of diabetes services. Leadership is one of their main responsibilities within PCTs – which other diabetes nursing groups may not recognise or realise. Most PCTs have diabetes facilitators who lead the implementation of the diabetes National Service Framework (NSF). Sue Roberts stated that diabetes facilitators

would be instrumental in the implementation of the diabetes NSF (Roberts, 2006), which is undoubtedly what is currently happening. Leadership is not necessarily defined as having an executive at the top; rather, leadership can be about allowing us all to grow and to develop the leadership role that is found in all our job descriptions. This may suggest that we all have responsibility for leading diabetes nursing even in today's difficult climate within the NHS.

As others have commented we are all under immense pressure working in today's NHS. We do need leadership, but this will not necessarily arise as a consequence of merging the different diabetes groups. The shift of diabetes care from secondary to primary care necessitates a strong element of leadership seated in the primary care domain. The various groups certainly have one overarching concern and that is the person with diabetes, but the difference in areas of responsibility and the emphasis on primary care would seem to indicate that the NDFG remains a separate but strongly-linked organisation. ■

Roberts S (2006) Service redesign: Why diabetes nurses need to get involved. *Journal of Diabetes Nursing* 10: 326



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