

# New year, new challenges in diabetes care



Helen Thornton

With over 246 million people in the world with diabetes (International Diabetes Federation [IDF], 2006a), the United Nations (UN) General Assembly passed a landmark resolution in December 2006 recognising diabetes as a chronic, debilitating and costly condition associated with major complications that pose severe risks for families, countries and the entire world. Governments have acknowledged for the first time that a non-infectious condition poses as serious a threat to world health as infectious diseases such as HIV/AIDS, tuberculosis and malaria (IDF, 2006b).

As we enter a new year I would urge all of you to read the recent factsheet produced by the National Diabetes Support Team (NDST) *Diabetes and Payment by Results Update: December 2006* (NDST, 2006). The key changes to the payment by results section demonstrates how much of the specialist services we provide will not be paid for and how these services will need to be negotiated locally.

The NDST are also due to publish a report that will act as an implementation support tool to help enable people to commission and deliver the services necessary to meet the commitments set out in the National Service Frameworks (NSF) Children's and Diabetes standards. Presentations at the 2006 Royal College of Nursing Paediatric and Adolescent Diabetes Special Interest Group conference have demonstrated the variety of ways that have been employed to meet NSF standards, so I would encourage you all to access the NDST document as soon as it becomes available.

I have also been led to believe that diabetes and our progress on the NSF standards and National Institute for Health and Clinical Excellence (NICE) targets will be assessed by the Healthcare Commission during this year's round of hospital star ratings. Information concerning this can be found in the documents *Criteria for assessing developmental standards 2006/2007* and *The annual health check in 2006/2007: assessing and rating the NHS* (Healthcare Commission, 2006a; 2006b), both of which can be accessed

from the Healthcare Commission website.

The first of our two articles looks at the use of a mobile phone text messaging service to support young people with type 1 diabetes. Those of us who work with young people will be aware that they may forget many other things in their lives but never their mobile! The authors suggest that 91% of 12-year-olds have a mobile phone and show that Sweet Talk is an exciting and innovative method of maintaining communication and contact with young people with type 1 diabetes between clinic visits that could be used to reduce non-attendance rates.

The second article discusses a very relevant point concerning young people with diabetes encountering difficulties managing their diabetes while in school. This is particularly relevant right now as we move towards a time of more intensive insulin regimens with the withdrawal of some products later in the year.

Children with diabetes are covered by the Special Educational Needs and Disability Act (Act of Parliament, 2001) and schools should be aware of this when working with pupils with diabetes. Schools are required to ensure reasonable adjustment so that the school does not discriminate against the child for reasons relating to the child's condition. Within the school someone should have responsibility for overseeing this.

It is important that all staff within the school are informed of which pupils have diabetes and know how to treat a hypoglycaemic episode – an excuse of lack of knowledge is not acceptable under the aforementioned Act. Pupils with diabetes can also not be discriminated against in extracurricular activities such as school trips or after school activities, however a reasonable degree of adjustment may be expected to accommodate their needs.

If a child has not been attending school for reasons relating to diabetes, then there may be a need to discuss with the family and the special needs co-ordinator whether an individual educational plan as required. Regular severe hypoglycaemic episodes may impair cognitive function, if this is suspected then assessment

Helen Thornton is a Clinical Nurse Specialist in Paediatric and Adolescent Diabetes at St Helens and Knowsley Hospitals Trust, Merseyside.

may be required via the special educational needs code of practice.

The paediatrics and adolescents diabetes specialist nurse, working in partnership with the family, should provide education to school staff concerning the management of diabetes in school. The possible topics to be covered are outlined in *Box 1*. Providing such information not only promotes good health but also contributes to the meeting of the targets laid out in the *Every Child Matters: Change for Children* campaign (DoH, 2003).

We all need to challenge our ways of thinking: children are perfectly capable of carrying out blood glucose testing in school and administering insulin if they require it. To prevent them from carrying out their medical treatment is discriminatory. As diabetes nurses, we need to work with our teacher colleagues and those working in school health to facilitate the best for each individual child, taking into account their individual needs. ■

Act of Parliament (2001) *Special Educational Needs and Disability Act 2001*. Available at: <http://www.opsi.gov.uk/acts/acts2001/20010010.htm> (accessed 10.01.07)

Department of Health (2003) *Every Child Matters: Change for Children*. Available at: <http://www.everychildmatters.gov.uk/> (accessed 10.01.07)

Health Care Commission (2006a) *Criteria for assessing developmental standards 2006/2007*. Available at: [http://www.healthcarecommission.org.uk/\\_db/\\_documents/Criteria\\_for\\_assessing\\_developmental\\_standards\\_0607.pdf](http://www.healthcarecommission.org.uk/_db/_documents/Criteria_for_assessing_developmental_standards_0607.pdf) (accessed 10.01.07)

Healthcare Commission (2006b) *The annual Health Check in 2006/2007: assessing and rating the NHS*. Available at: [http://www.healthcarecommission.org.uk/\\_db/\\_documents/The\\_annual\\_health\\_check\\_in\\_2006\\_2007\\_assessing\\_and\\_rating\\_the\\_NHS\\_200609225143.pdf](http://www.healthcarecommission.org.uk/_db/_documents/The_annual_health_check_in_2006_2007_assessing_and_rating_the_NHS_200609225143.pdf) (accessed 10.01.07)

International Diabetes Federation (IDF; 2006a) *Diabetes Atlas, Third Edition*. IDF, Brussels

IDF (2006b) *UN Resolution Caps Momentous Year for Diabetes World*. Available at: [http://www.unitedfordiabetes.org/press/releases/un\\_resolution\\_caps\\_momentous\\_year\\_for\\_diabetes\\_world.html](http://www.unitedfordiabetes.org/press/releases/un_resolution_caps_momentous_year_for_diabetes_world.html) (accessed 11.01.07)

National Diabetes Support Team (2006) *Diabetes and Payment by Results Update: December 2006*. Department of Health, London

**Box 1. Topics to be covered with school staff during diabetes education sessions.**

- What is diabetes.
- Recognition of symptoms and how to refer a child with suspected diabetes.
- Outline of treatment principles of diabetes.
- Dietary requirements.
- Blood glucose monitoring, including detailed training if staff are required to assist with procedure.
- Insulin injections, including safe storage and sharps disposal, with detailed training if staff required to assist with procedure.
- Exercise.
- Management of hypoglycaemia.
- Management of illness.
- Treats and parties.
- School trips, including individualised care planning as required for residential trips.
- Exams.
- Career advice (some professions are barred to people with diabetes).
- Specialised equipment, such as insulin pumps.

*'...children are perfectly capable of carrying out blood glucose testing in school and administering insulin if they require it. To prevent them from carrying out their medical treatment is discriminatory.'*