Diabetes care planning

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Care planning in diabetes, as well as for other long term conditions, has been part of policy for some time, first being discussed in standard 3 of the National Service Framework (NSF) for diabetes (Department of Health [DoH], 2001). A new report, published in December 2006, is likely to be of help to diabetes nurses in both primary and specialist teams and to the wider diabetes care team, who are all responsible for implementing this approach to diabetes care (DoH, 2006).

Following the introduction and a chapter on the policy context of care planning, perhaps the most important section of the report is that which defines care planning and outlines the model. Key components of the process are partnership, joint decision making, negotiation, the degree of patient-centred care and on-going two-way communication. These are discussed, albeit briefly, and a framework – the 'Disease–Illness Model' – is also described. This illustrates how the health professional's traditional agenda of biomedical issues, diagnosis and treatment can be integrated with the individual's perspective of living with the condition and their thoughts, feelings and experiences, to provide a shared understanding and consequent care planning that meets both agendas.

The care planning model is also outlined; this contains its four components or broad domains that are potentially used for discussion in the care planning consultation. Learning about diabetes, managing diabetes, living with diabetes and other health and social issues, and examples of what might be included in each of these domains are described. In addition, this chapter discusses the care planning consultation and review process, and how this may be carried out. Action planning and documentation are also considered, again briefly.

One of the issues in relation to care planning which could affect us all is that of education of health professionals, many of whom will need to develop the skills required to implement the model. Chapter 5 deals with workforce issues and some of the implications for diabetes networks from assessing the skill profiles of the workforce (using the diabetes competence framework) and commissioning education and training programmes to enable staff to engage effectively in patient-centred care planning.

The last two chapters deal with putting care planning into practice and quality assurance. Other sections in the report include a very useful review of the evidence base that supports the care planning process and a reasonably extensive reference list. There are also some very helpful examples of care planning documentation in the appendices.

Initially, nurses might be tempted to think that implementing the care planning process will be relatively easy for them; after all, the nursing process and care plans are concepts which have existed for many years in nursing. However, many nurses do not currently use these, or find it difficult to write meaningful care plans and, in addition, this care planning process is about integrating all aspects of care, not just those carried out by nurses.

Also, to ensure that people with diabetes are given choices, current systems of care may need to change. For instance, if the example of insulin conversion is used, many primary care teams will undertake this rather than sending people to specialist services based in secondary care. Some people with diabetes may prefer to receive their education and support from the specialist team, but not wish to travel to hospital; in this instance a review of service provision to offer a wider range of choices would be necessary.

Thus, it can be seen that this report could have far reaching implications in terms of change in the ways health care workers practice, the education they might need to implement partnership-focused care planning and the services that are commissioned for people with diabetes among other things! ■

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Department of Health (DoH; 2001) *National Service Framework for Diabetes: Standards.* DoH, London.

DoH (2006) *Care Planning in Diabetes: Report from the joint Department of Health and Diabetes UK Care Planning Working Group.* DoH, London. Available at: http://www.dh.gov.uk/assetRoot/04/14/10/37/04141037.pdf (accessed 07.01.07)