Diabetes nursing: Who will lead the way?

A debate into the current leadership in diabetes nursing in the UK initiated in *Journal of Diabetes Nursing* volume 10 issue 9 continues with Liz Hartley discussing the implications from the Agenda for Change.

Liz Hartley

If you would like to contribute to the debate, please get in touch:

Email:
louise@sbcommunicationsgroup.com

Telephone:
020 7627 1510

Post:
Journal of Diabetes Nursing
Schofield Healthcare Media
Unit 3.05 Enterprise House
1/2 Hatfields
London SE1 9PG

Liz Hartley is Diabetes Clinical Nurse Specialist at West Suffolk Hospital, Bury St Edmunds.

The discussion concerning the leadership in diabetes nursing (Scott, 2006; Roberts, 2006) has prompted me to submit my own view on the matter. I agree with Anne Scott in that natural leaders seem to have disappeared over the last few years. Why is this? Have they indeed moved on to become consultant nurses relating to their own group? Or maybe they are also having to change the way they work, where they work and their job function as many specialist nurses have had to do.

We have and are still experiencing the effects of the Agenda for Change. As I understood it this change should have united specialist nurses even more, as the bandings for all grades of nurses should be the same throughout the country. If only this was happening. In my own area, even in my own office, we are experiencing specialist nurses with the same job descriptions on different bands. At a recent East Anglia DSN meeting, it was noted that almost half of the group of 24 were on band 6 and the other half on band 7, with one nurse on 8a. A number of appeals are currently in progress. This whole process has taken an inordinate amount of time on top of the usual clinical commitment and to my mind has been an expensive and ineffective exercise that has caused a lot of grief, stress and some ill feelings among nurses who are usually a very united group.

We are also aware of specialist nurses being made redundant by trusts as a short-term fix to balance the books, which in the long term will have wide-ranging implications as people with diabetes have less and less access to the expertise and skills of DSNs. As Sue Roberts said, the NHS is experiencing a huge change with a shift of care into the community. I am all for change if it is going to be in the best interest of the patient, however, on the whole I am not convinced that this change is.

Clearly, there are a number of people who, through practice-based commissioning, can be cared for in the practice setting, but there has to be communication between care settings and good accessibility to secondary care in the complicated cases that need specialist expertise. I do feel that these changes are being made for financial reasons and not necessarily in the best interest of our service users.

We are informed that people have, apparently, chosen to use care nearer to home. Having discussed this with some of the people with diabetes I see, most were horrified to find out that they would not be able to have their follow-up appointments with the specialist team at the diabetes centre and had certainly not been consulted on the matter. My diabetes centre is also experiencing a number of calls from people asking if they can move their care to the centre as they are not happy with the level of care provided by their local surgery. Unfortunately, without a referral from their GP this cannot happen. I am at a loss to see how this is patient choice!

It seems services, patients and staff are being decentralised at a time when we know that the prevalence of diabetes is increasing. Surely our primary care colleagues should be concentrating on addressing methods of reducing the risks of developing diabetes, rather than taking on all the specialist care this highly complex group needs. Is there any financial incentive in this? I fear not.

Going back to the original question, where is the leadership in diabetes nursing? Certainly as a group of nurses here in East Anglia we feel that it is most essential to re-establish leaders to show that DSNs are committed to achieving the best for their patients, committed to effective change and are experts in their specialism. We are most anxious to meet with other specialist nurses nationally to identify the best way to do this. ■

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

Scott A (2006) Leadership in diabetes nursing: Where is it? *Journal of Diabetes Nursing* **10**: 324