## Staff cuts at the coal face



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Royal College of Nursing Specialist Nurse Survey (Due for completion 13 April 2007) www.rcn.org.uk

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colleague recently told me that she felt that DSNs were the hub of diabetes care; they facilitate care across the multidisciplinary team and provide the education needed to support the individual's self-management of diabetes. With the prevalence of diabetes increasing at an alarming rate, common sense would lead us to believe that commissioners and service providers would welcome the skills and competencies that specialist nurses offer. However, this is the reality: the NHS is undergoing one of the most turbulent times since its inception in 1948. Financial cuts, alongside service reconfigurations, are having a major impact on both the way diabetes services are delivered and the workforce providing those services.

At the 2006 Diabetes UK Annual Professional Conference, nurses were asked to identify the key issues of concern for which Diabetes UK could provide professional support. Two of the issues raised were discrepancies in banding following Agenda for Change and access to further education. In the months leading up to the 2007 Annual Professional Conference, anecdotal evidence with respect to workforce issues had prompted Diabetes UK to conduct a survey of 484 DSNs. Approximately one third of those contacted responded, the majority of which were from England (77%).

The survey asked DSNs from both primary and secondary care to identify job losses, redundancies, posts frozen, downgrading within the multidisciplinary teams and reduced access and funding for study leave. Those surveyed were also asked how the specialist services they provided had been affected by such issues. Most importantly they were asked how people with diabetes had been or would be directly affected by local NHS changes.

Overall, the responders focussed on hours lost, downgrading and job freezing. There were also reports of specialist nurses being redeployed onto general wards. While these changes have affected all groups of health professionals working in diabetes, DSNs from adult and paediatric services have been particularly affected. Around 40% of all responders stated that requests for study leave had been denied and 45% said funding for study leave had been reduced. Seventy-one per cent reported that they now relied on pharmaceutical company sponsorship for their continuing professional development.

So how does this affect the people with diabetes? The survey revealed examples of poorquality care resulting directly from staff cuts and service reductions. Inpatient admissions and emergency referrals have increased as have waiting times for appointments. Fifty-five per cent of responders reported that the time DSNs were able to spend with people with diabetes has been reduced.

It is essential that we now remind ourselves, commissioners and service providers of the skills and experience DSNs can offer to the ever-increasing number of people with diabetes. As specialist nurses we are in the best position to assist those with complex care needs in self-managing their condition and if this is to continue our practice needs to be underpinned by continuing professional development.

What is the future for DSNs? Shall we stand quietly as our profession becomes fragmented and devalued and our skills and experience lost to those who most need our input? Other studies reviewing NHS changes and their impact on patient care include the online Royal College of Nursing survey for specialist nurses and the Association of British Clinical Diabetologists and Diabetes UK survey of specialist services – which all diabetes nursing teams should have recently received: if your team has not received one, please contact Diabetes UK and complete it so they can lobby at national level on your behalf.

Many years have been spent building teams with the expertise needed to manage people with diabetes, yet these skills will be lost in a short time unless we act to highlight the folly of current changes.