

# The last 10 years of diabetes nursing: A brief review



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As Tony Blair is in the process of leaving his job as Prime Minister and the nation is consequently pondering the effects of his 10 years in office, it is perhaps apposite that the same is done for diabetes nursing, especially as this journal has also been in place for over 10 years.

Politically, diabetes care in general has made the grade at long last and is firmly on the agenda. The most obvious and visible result of this was the publication of the National Service Frameworks (NSFs) for diabetes.

As well as the NSFs, there have also been a plethora of other publications over the last 10 years, all designed to improve the quality of care that people with diabetes receive. These include those from the National Institute for Health and Clinical Excellence (NICE) with their ongoing programme of documents ranging from guidance on the various new (or, in the case of continuous subcutaneous insulin infusions [CSII], updated) technologies available, which include new medicines, to the development of structured education for people with diabetes.

These political drivers have arisen to some extent from the realisation of the actual and potential impact diabetes has on our health services. Service redesign, with more people with diabetes being seen by their primary care providers, is also happening, partly in response to the diabetes epidemic and partly as a result of changing policies.

One of the consequences of all these changes over the last 10 years is the development of diabetes nursing. Firstly, there are now more nurses working in diabetes care, some of whom continue to be generalists and others who are specialists. I recall the first editorial I wrote, which endeavoured to try and clarify what a DSN was (Watkinson, 1997). The situation now is perhaps even less clear, as there have been new roles developed and DSNs themselves are sub-specialising.

For example, we now have a group who specifically work in an inpatient environment. Some DSNs have become experts on pump, or CSII, therapy and others have become DAFNE or DESMOND educators. Many diabetes nurses are now nurse

prescribers. In addition, we have consultant nurses who have the remit to lead the development of the services needed for people with diabetes in their localities. Those working in primary care also work at different levels with people with diabetes; practice nurses have developed themselves and some have expanded their roles, delivering insulin conversion in their practices for instance.

Over the last 10 years several courses have arisen that provide more opportunities for diabetes nurses of all descriptions to acquire the qualifications and knowledge they need to undertake these new and changing roles. Furthermore, we now have competence frameworks to support these. One major achievement over the last 10 years is the advent of the national diabetes nursing degree course run in York.

Public awareness of diabetes has also improved. Almost every day there are television and other media stories about the increasing numbers of people with diabetes or some new treatment. Although this has always happened occasionally, such events are now much more common.

The culture of the NHS has also changed over the last 10 years; empowerment, choice, self-care and self-management have at last acquired an important place in the delivery of services. People with diabetes are being listened to and they are contributing to service developments.

Needless to say, this journal has been involved in all of these initiatives, by publishing articles, stimulating discussion and providing conference opportunities. Diabetes nurses seem more confident about sharing their work and 'having their say' as a result, which can only be a good thing. I anticipate the next 10 years will be as exciting and wish all my colleagues well for the future. ■

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DoH (2003) *National Service Framework for Diabetes: Delivery Strategy*. DoH, London

DoH (2007) *The way ahead: The local challenge. Improving diabetes services: The National Service Framework four years on*. DoH, London

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