Elections, efficiency savings and evidence



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hen I began writing this editorial on 11 May history was being made as leaders of the three main political parties were meeting to discuss and agree what format the new government would take in the light of the people vote for a hung parliament. These discussions would decide the future of our country and who would lead us through the ongoing financial crisis.

Pledges and promises: The reality

Prior to the election, the political parties identified specific policies relating to public sector workers, including those in the NHS. The Conservative Party promised to increase health spending annually and maintained they could not go on with an NHS that put targets before people (Conservative Party, 2010).

The Labour Party emphasised they would raise spending in real terms yearly and spend that money on patients not bureaucracy, indicating that frontline staff would be not be affected by funding cuts (Labour Party, 2010).

The Liberal Democrats said their priority was to make sure that the NHS was not "destroyed" given that tough spending choices needed to be made; they wanted to ensure value for money and reinvest any savings in the NHS (Liberal Democrats, 2010).

Despite pledges to protect frontline NHS services, there were reports on 11 May that a list of cuts has already been identified – including job losses, banning certain operations, closing casualty departments, downgrading maternity services and reducing the number of junior doctors (Smith, 2010). This news came in the light of expected savings of £20 billion to be made by the NHS by 2014.

One day later we had a new coalition government, a Conservative and Liberal Democrat partnership, with Andrew Lansley appointed as the new Health Secretary. After one day in office Lansley warned that NHS cuts may have to be even deeper than predicted (Ramesh, 2010). What are we to believe?

Implications for specialist nursing

There are reports of trusts reviewing all specialist nurse activity and roles, including that of DSNs, in light of the expected efficiency savings. The Royal College of Nursing (RCN) launched a six-fold campaign in February this year with one of the aims being to protect all specialist nursing posts (RCN, 2010a). This resulted in an Early Day Motion (EDM) being presented in Parliament and endorsed by 60 MPs who welcomed a report by the RCN into the worth of specialist nurses (RCN, 2010b).

The EDM recognised the value of specialist nursing in supporting people in the care of their long-term condition and highlighted the contribution specialist nurses make in several areas. These include reducing referral times, length of hospital stay, readmission rates and the risk of complications. It also stressed their ability to improve outcomes and experience and coordinate health and social support. Furthermore, the motion acknowledged that specialist nurses save the NHS money in the long-term by improving the quality and efficiency of care, and called for specialist nursing provision to be available to all people with long-term conditions - and for continuing funding for specialist nurses to be maintained and guaranteed in the face of financial constraint were made.

In the real world, specialist nurse roles are clearly under scrutiny. There may be reductions in DSN numbers although it is not transparent whether there will be redeployments and/or redundancies. Even in light of reductions in staffing levels due to natural wastage – it is estimated that around 44% will retire in the next decade (Diabetes UK and NHS Diabetes, 2010) – we need

June James is a Consultant Nurse in Diabetes, University Hospitals of Leicester NHS Trust, Leicester. to consider how, with recruitment freezes, we can grow the next generation of DSNs and how existing services will cope with the increasing numbers of people with diabetes expected in the next decade.

Conclusion

NHS Diabetes and Diabetes UK are working together with the National Nurse Consultant Group, TREND-UK (Training, Research and Education for Nurses in Diabetes-UK) and the Diabetes Inpatient Specialist Nurse group to provide national evidence of how DSNs support people with diabetes in managing their condition, improve health and clinical outcomes and enable non-diabetes staff to manage diabetes care. The onus, however, must be on local individual DSN teams to "prove their worth". DSNs are value for money but may need to justify this in the current financial climate.

Collect evidence locally to demonstrate your worth and to support your role in a measurable way that commissioners and service leads will relate to. This should include activity levels and measurable patient outcomes. Ensure job descriptions and job plans are up to date and truly reflect the work done – it's better to be prepared than not!

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