

# Are you making a difference?



Jill Hill

Diabetes nurses find themselves working in a difficult environment today: major organisational changes, constrained public spending, potential redundancies, and an increasing emphasis on value for money, with many more changes proposed (Department of Health [DH], 2010a).

DSN posts, like other specialist nursing posts, have been under considerable threat for a number of years. A recent Royal College of Nursing (RCN, 2010) document included results from a survey of a variety of specialist nurses conducted in 2008 which showed that 25% of respondents faced risk of redundancy, 47% were at risk of being downgraded, a third reported their organisations had a vacancy freeze in place and 45% were being asked to cover shortages in general clinical settings outside their speciality. The document lists the cost benefits generated by specialist nurses. These include reducing waiting times, avoidance of hospital admissions and reducing hospital stay, freeing up of consultant appointments for other patients, and delivering services in the community closer to patients. It gives examples of impressive cost savings from a number of different specialties – sadly, none of them from diabetes.

The RCN (2010) makes three key recommendations in the document:

1. Every person with a long-term condition should have the right to specialist nursing care.
2. Specialist nurse posts should not be short-term funded as this makes them vulnerable to cutbacks.
3. Specialist nurse job descriptions and job plans should allow time for core elements of the role including clinical expertise, leadership, education and training

These recommendations are very worthy, but how realistic are they in the current environment? Diabetes nursing teams may be grateful for short-term funding for an extra pair of hands to cope with increasing activity demands, even if the post cannot be guaranteed long-term. With targets for activities, processes and outcomes, and the demands of service specifications to meet, nurses may

find it difficult to demand protected time for education and training, especially with the threat of competition from other providers.

The changes proposed in *Equity and Excellence: Liberating the NHS* (DH, 2010a) are dramatic, particularly for diabetes nurses working for PCTs. Commissioning decisions will be made by consortia of GP practices, working closely with secondary care, other healthcare professionals and community partners to provide the “joined-up” services that reflect the needs of their local populations. The consortia should be fully functioning by 2013/14 with PCTs disbanded by 2013 (DH, 2010b). With budgets of £80 billion, these groups of GPs will have a lot of spending power but there will be a great emphasis on demonstrating effective outcomes from the services they commission. The development of the NHS Outcome Framework will help patients, the public and parliament see how well this money is being spent (DH, 2010c).

Outcomes will be grouped into five domains:

- Preventing premature deaths.
- Enhancing the quality of life in people with long-term conditions.
- Helping people to recover from episodes of ill health or injury.
- Ensuring people have a positive experience of care.
- Treating and caring for people in a safe environment and protect from harm.

Diabetes nurses should be confident in delivering good outcomes in all these domains. Supporting people with diabetes in the management of glycaemia, lipids and blood pressure, as well as promoting lifestyle changes, clearly fits the first domain, for example.

There are more challenges ahead with changes in the delivery of traditional services but also opportunities for innovative ways of working, adding value to what we do and increasing efficiencies. With the proposed changes to the NHS, and the threat to DSN posts, never before has it been so important to demonstrate the worth of the DSN, in terms of hard outcomes, cost-effectiveness, and flexibility in working practice as well as activity levels. ■

Department of Health (2010a)  
*Equity and Excellence: Liberating the NHS*. DH, London

Department of Health (2010b)  
*Liberating the NHS: Commissioning for Patients*. DH, London

Department of Health (2010c)  
*Transparency in Outcomes: A Framework for the NHS*. DH, London

Royal College of Nursing (2010)  
*Specialist Nurses: Changing Lives, Saving Money*. RCN, London

Jill Hill is a Diabetes Nurse Consultant, NHS Birmingham East and North, Birmingham.