Keep raising your head above the parapet



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Helen Thornton is Clinical Nurse Specialist in Paediatric and Adolescent Diabetes, St Helens and Knowsley Hospitals Trust, Merseyside. a tough year for the NHS, with plans for £20 billion efficiency savings and sweeping reforms that will see the abolishment of PCTs and strategic health authorities (Department of Health [DH], 2010a). Through talking with other paediatric DSNs, it is apparent that cost-cutting is already occurring widely, with reductions in clerical staff and others being redeployed back to ward areas. It is therefore hard, when faced with such uncertainty, to lift our head above the parapet of our own department to take stock of some important national issues that could affect children with diabetes and their families.

The DH has published numerous consultation documents and reports over recent months that could have a direct impact on the families we work with. *The Operating Framework for the NHS in England* (DH, 2010b) specifically sets out the transitional arrangements with direct references to safeguarding children, the requirement to pay greater attention to the needs of children, young people and their families — especially those with disabilities — and the requirement to ensure insulin pumps are available to those who meet the recommendation by NICE (2008). We need to be aware of this guidance if faced with queries about funding of equipment or services.

It is therefore key that we ensure that we promote our services to enable the NHS commissioning boards and GP consortia to understand the highly specialised services that we provide, drawing on published guidance such as the *Children's Charter for Diabetes* (Diabetes UK, 2010).

Public consultation is currently under way regarding the replacement of disability living allowance by a personal independence payment (Department for Work and Pensions [DWP], 2010). This consultation runs until 14 February 2011 and you and the families you work with may have a view to express. At this time the DWP

is considering whether or not to reassess children and, importantly, the qualifying time for the benefit will be increased to 6 months. Each case will be looked at individually, considering the impact of the impairment or health condition rather than basing the decision on the health condition or impairment itself (DWP, 2010). My personal concern is that families could be penalised for managing well and some adolescents could see poor glycaemic control and dependence on others as a means of gaining benefit.

Another controversial programme is the "Great Swapathon", where food vouchers, nutritional advice and activities are being promoted in Change4Life's newest campaign (https://swapathon.co.uk). Although the involvement of big-brand names in such public health campaigns has previously raised concerns by food policy experts (BBC News, 2011), many of us would argue that any way of promoting healthy eating, physical activity and swapping sugary snacks may be good for our children and young people.

In these times of financial constraints it is good to hear that there is a possibility that we could obtain something for free for our patients. Genetic screening for neonatal diabetes is offered free of charge by the Department of Molecular Genetics at Exeter for anyone diagnosed with diabetes before the age of 6 months and also those diagnosed before 12 months of age. Those of us who have dealt with the complexity of managing insulin regimens in neonates before the advent of insulin pumps that can deliver small doses will remember these infants as we had to obtain a special dilutant for insulin from the manufacturers. It is now important we identify these individuals for testing. Many can be successfully transferred onto sulphonylurea therapy, as outlined in this month's supplement article by Shepherd et al, not only improving their diabetes control and quality of life - which for the individual could have significant impact - but also a huge potential cost-saving to our financially strapped NHS.