

DSN cuts in the NHS: Are we a dying breed?



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The DSN role has existed for around 60 years. The purpose of this role was, and is, to provide support and expertise to people with diabetes, their families, diabetes teams and other healthcare professionals involved in diabetes care.

In May 2011, the results of the *Diabetes Specialist Nursing Work Force Survey 2010* were published (Diabetes UK, 2011). This work was jointly commissioned by both Diabetes UK and NHS Diabetes. The same audit was previously performed in 2009 (Diabetes UK, 2010).

These Work Force Surveys have enabled us to gain a better picture of how many DSNs there are to support people with diabetes, where they work and what levels of expertise and experience they have. The results of the 2010 survey show that:

- Of the vacant DSN posts in the NHS, 43% are unfilled as a result of cost-savings initiatives in trusts.
- One in five DSNs will retire by 2016, with massive spikes in retirement every 5 years.
- People with diabetes report that seeing a DSN, even once or twice, instigates a total change towards independent diabetes management.

At a time when the numbers of people with diabetes are increasing, a reduction in the number of DSNs is very concerning. This will mean longer waiting times for specialist support, more unnecessary amputations, more people losing their sight and far poorer health outcomes.

Barbara Young, Chief Executive of Diabetes UK, has recently written to Andrew Lansley, Secretary of State for Health, stating the concerns of this organisation with regard to this shortfall (Young, 2011):

“At a time when prevalence of the condition is increasing, any reduction in DSN posts will harm patient care and increase costs to the NHS. Diabetes already costs 10% of NHS resources ... We urge you to intervene and question Trusts who are cutting these vital posts. We need to work together to tackle the challenge of diabetes

for the sake of people with diabetes and for the future viability of the NHS.”

In a recent article, Young et al (2011) suggest that the role of the clinical nurse specialist is one of the successes of modern healthcare. DSNs bring a high degree of clinical expertise, innovation, leadership and continuity of care with commitment to clinical governance, audit and meticulous documentation. Many DSNs now take on responsibilities that formerly belonged to medics such as nurse-led clinics, treatment decision-making and prescribing. They also provide mentoring, education and training for other clinical staff.

The DSN is not an expensive option as they are in a position to provide high-quality, cost-effective care not only by saving unnecessary and expensive hospital admissions, but also by income generation. DSNs working in the community have an important role in coordinating the patient pathway between primary and hospital care to ensure effective care and cost-effective interventions.

The third edition of *An Integrated Career and Competency Framework for Diabetes Nursing* (TREND UK, 2011) identifies the depth and range of skills of a DSN. This document is important as it allows commissioners to view the skills of each level of nurse working in diabetes to ensure they have the right expertise to deliver the required diabetes service. Many practice nurses have similar skills to DSNs, but without the depth of knowledge or experience. Practice nurses should not be expected to provide diabetes care on the cheap. They should have access to support and training to ensure they are fit for purpose.

People with diabetes need care and support from the multidisciplinary team including various different nurses in different settings. As recommended in the *Diabetes in Adults Quality Standard* (NICE, 2011) document, I believe it is the right of the person with diabetes to expect that the healthcare professional is appropriately skilled and knowledgeable to provide the right level of care required. ■

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