DSNs are value for money – fact!

Debbie Hicks

Following on from last month's editorial, I was gladdened to read the recent results of the 2-year trial by Arts et al (2012) at Maastricht University Medical Centre, which confirms the value that DSNs bring to the multidisciplinary team and to people with diabetes. This study aimed to evaluate the cost-effectiveness of an intervention substituting physicians with nurse specialists and compared hospital care provided by DSNs with the care given by doctors; around 300 individuals with type 1 or type 2 diabetes took part.

The study concluded from its findings that DSNs give diabetes care of a similar quality to that provided by doctors, but are more cost-effective. Quality of life in terms of health was found to be similar for individuals receiving care from either type of clinician. When a DSN acted as the main care-giver, fewer individuals were hospitalised, fewer side effects from drugs were reported, and overall costs were slightly reduced. In addition, fewer of those treated by a DSN went on to develop diabetes-related complications. The authors of the study concluded that DSNs were more than capable of taking the central role in multidisciplinary teams in providing care to individuals with diabetes.

In response to these findings, Simon O'Neill, Director of Care, Information and Advocacy, said:

> ***"Diabetes UK has long championed the role of the DSN, and this paper adds to the evidence that they are able to provide excellent and cost-effective care. Nurses are already responsible for about 80% of direct diabetes care and we need to ensure that these nursing posts – hundreds of which are currently being frozen – are protected for the benefit of people with diabetes. We believe the current trend of reducing their numbers is short-sighted and will have a negative impact on the long-term health of patients" (Diabetes UK, 2012a).***

In a cash-strapped NHS such a study appears to contradict decisions by trusts to cut or reassign DSNs in an effort to save money when we know the cost of treating long-term complications is extremely expensive, not only in financial terms but also in human terms. Conversely, the authors said:

> ***"Instigating a DSN as a central carer provides opportunities to achieve cost reductions."***

Unfortunately, almost one in 70 people are estimated to be living with undiagnosed diabetes (Diabetes UK, 2012b), and many of those who have a diagnosis of diabetes regardless of type are not receiving the nine annual checks they should (Health and Social Care Information Centre, 2012); these people are running the risk of "devastating" complications, which are potentially life-threatening.

While the number of people with diabetes is on the increase year on year, it seems ludicrous that the number of DSNs is on the decline. I appreciate that there are many practice nurses who provide excellent diabetes care, but they still need to refer more complex cases onto a DSN. Who will support these nurses if the DSN numbers continue to fall? ■

Debbie Hicks is Nurse Consultant – Diabetes, Enfield Community Services, Barnet, Enfield & Haringey Mental Health Trust, Enfield.

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