

# The earlier, the better? Implications for diabetes specialist nurses



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The latest campaign from NHS England, “The earlier, the better” aims to reduce pressure on the NHS urgent and emergency care system. The focus of this campaign will be to influence changes in public behaviour in order to help reduce the number of people requiring emergency admissions with illnesses that could have been effectively treated earlier by self-care or community pharmacy services. In response to this launch, Dr Peter Carter, Chief Executive and General Secretary of the Royal College of Nursing (RCN), said:

*“This is a timely campaign that we hope will enable and encourage patients to access appropriate health services.”*

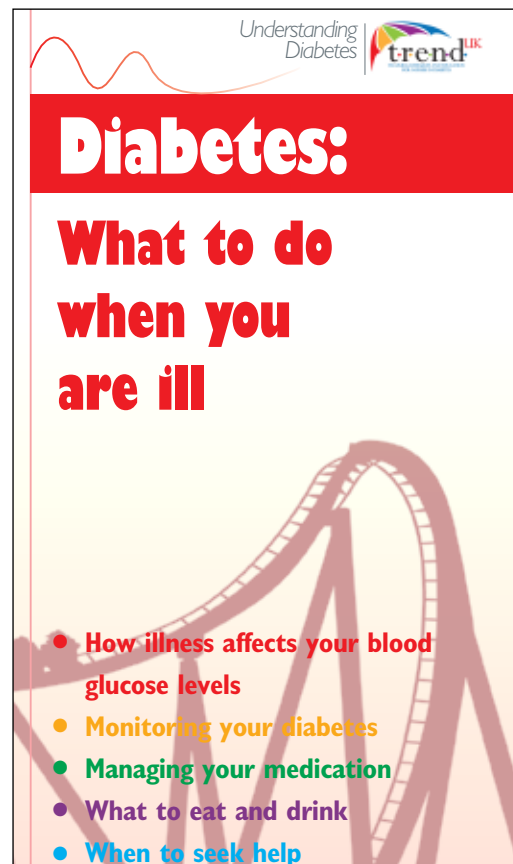


Figure 1. Information leaflet for people with diabetes and intercurrent illness

## What does this mean for diabetes care?

When thinking specifically about diabetes care, one area of concern is intercurrent illness, and, at this time of year, this becomes a particular problem as viral and bacterial infections are more common.

The diabetes multidisciplinary team, regardless of location, needs to ensure that all people with diabetes are educated about how best to manage their diabetes during a bout of illness, and when to seek help. Last year, TREND-UK launched the *Managing diabetes during intercurrent illness* document, which included a patient information leaflet (Figure 1). These are both available to download at [www.trend-uk.org](http://www.trend-uk.org).

## The need for specialist nurses

The RCN emphasises the importance of specialist nurses in helping people with long-term conditions to manage their health, but express concern about the lack of nurses in certain parts of the country:

*“The RCN welcomes this public-awareness campaign but we must also see investment in the services that enable self care and keep patients out of hospital. We have argued for some time that nursing staff working in community settings play a pivotal role in empowering people to take care of their health conditions and that, to relieve the strain on emergency care, there must be better resourcing of those services.”*

So, if the RCN and Diabetes UK recognise that reducing the number of DSNs is not a good way of saving money (Diabetes UK, 2014), why are we seeing fewer and fewer DSNs? My concern is that we don’t want to raise the expectations of people with diabetes by emphasising the role of education and support in preventing hospital admissions if there is not a sufficient number of DSNs to deliver this. Perhaps this campaign warrants a rethink, Mr Hunt? ■

Diabetes UK, RCN, TREND-UK (2014) *Diabetes specialist nurses: Improving patient outcomes and reducing costs*. Diabetes UK, London