Diabetes specialist nurses: We do what it says on the tin



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iabetes UK recently released a joint position statement entitled *Diabetes Specialist Nurse: Improving Patient Outcomes and Reducing Costs*, alongside TREND-UK and the Royal College of Nursing (Diabetes UK, TREND-UK, Royal College of Nursing, 2014). These bodies came together to assess the current state of diabetes specialist nursing in the UK and aim to raise awareness within diabetes care, and the wider NHS, about the stagnation in the numbers of DSNs throughout the UK; a worrying situation since the numbers of people with diabetes continues to rise at an alarming rate.

The number of people diagnosed with diabetes in the UK has increased to more than 3.2 million, according to figures released in February by Diabetes UK (2014). The new figures, extracted from official NHS data, show that there were 3 208 014 adults with the condition in 2013, an increase of more than 163 000 compared to 2012. This is the biggest increase in a single year since 2008 and it means that 6% of UK adults are now diagnosed with diabetes. This figure does not include the hundreds of thousands of people with undiagnosed type 2 diabetes.

Skilled nursing workforce

This unprecedented rise in diabetes means we need to ensure that we have a suitably skilled and knowledgeable nursing workforce ready to provide the right level of diabetes care.

The key points of the position statement are shown in *Box 1* and the full statement can be found on the Diabetes UK website: http://bit.ly/1frgr2n (accessed 26.02.14).

Through TREND-UK, I was proud to be involved in the development of this position statement. We are asking employers of DSNs to take action to ensure that DSNs

Box 1. Key points from the position statement:

Diabetes Specialist Nurses: Improving
Patient Outcomes and Reducing Costs
(Diabetes UK, TREND-UK, Royal College of
Nursing, 2014)

- 1. Diabetes Specialist Nurses (DSNs) are central to good patient care and outcomes, including confident self-care management.
- 2. Evidence shows that DSNs are cost effective, improve clinical outcomes and reduce length of stay in hospital.
- 3. We condemn the stagnation of DSN numbers as wholly inappropriate in the light of the rapid rise in numbers of people with the condition and call on employers to recognise and respond to projected further increases of diabetes with appropriate workforce planning.
- 4. The current practice of recruiting less qualified/experienced nurses into specialist roles in the pursuit of short-term cost savings is short sighted and minimum competencies (as described by TREND-UK) should be applied across the NHS.
- 5. The value of DSNs will not be fully realised unless they are employed with access to appropriate clinical supervision and hold a clinical case load of patients with complex care needs.
- 6. Minimum staffing levels should be at least five DSNs per 250 000 general population and at least one diabetes inpatient specialist nurse per 300 hospital beds.

are fully competent and supported in order to ensure that people with complex needs get cost-effective, high-quality care. We are also asking commissioners to invest in the right level of care for all people with diabetes and ensure that there will be a sufficient number of competent nurses to care for the predicted 5 million people with diabetes in 2025.

"It is vital that DSNs are able to demonstrate to their employers that they are working at a master's level, as an autonomous practitioner handling a complex caseload and proficient in offering structured education to both people with diabetes and other healthcare practitioners."

What does this mean for DSNs?

This position statement also calls upon DSNs themselves to establish a portfolio of appropriate evidence, in preparation for revalidation. It is vital that DSNs are able to demonstrate to their employers that they are working at a master's level, as an autonomous practitioner handling a complex caseload and proficient in offering structured education to both people with diabetes and other healthcare practitioners working in diabetes care.

The challenges

The position statement does recognise that there are still a few issues to resolve in order to ensure the best quality diabetes nursing care. Firstly, there is no official academic pathway to reach the position of a highly-skilled DSN; however, it is suggested that universities could help by mapping existing master's-level diabetes qualifications to the minimum competencies as outlined in the TREND-UK document: *An Integrated Career and Competency Framework for Diabetes Nursing* (TREND-UK, 2011).

Secondly, it is important that the nursing

bodies throughout the UK recognise the defined role of specialist nurses, including DSNs. The revalidation process should take into account the existing competency and skills frameworks for diabetes, such as the TREND-UK framework, and work together with the organisations who have written this position statement to establish a system to accredit the skills and competence of those using the DSN job title.

This should not be impossible – the job title "Certified Diabetes Educator" has been around in the US for as many years as I have been in diabetes nursing (which is a long time). Everyone who has that title has to pass an examination of skills and competence every five years and they also pay for the privilege! I think we should have something similar in the UK – what do you think?

Diabetes UK, TREND-UK, RCN (2014) Diabetes specialist nurses: Improving patient outcomes and reducing costs. Diabetes UK, London. Available at: http://bit.ly/1frgr2n (accessed 26.02.14)

Diabetes UK (2014) Number of people diagnosed with diabetes reaches 3.2 million. Diabetes UK, London. Available at: http://bit.ly/1fEIDJc (accessed 26.02.14)

TREND-UK (2011) An Integrated Career and Competency Framework for Diabetes Nursing (3rd edition). SB Communications Group, London