

The important role of DSNs across Europe



Debbie Hicks

Nurse Consultant – Diabetes,
Enfield Community Services,
Barnet, Enfield & Haringey
Mental Health Trust, Enfield

There has been much discussion lately amongst the competing political parties in the UK about the value of being part of the European Union. Currently we are still part of that union, but who knows what may happen in the future.

Recently, the European Coalition for Diabetes published an audit report entitled *Policy Puzzle – the state we are in* (European Coalition for Diabetes, 2014). The report, now in its fourth edition, finds that there are significant differences in the priorities of countries in terms of research, prevention, treatment and self-management for diabetes.

Primary prevention is increasingly seen as a key priority for policy makers in Europe; 95% of European countries had appropriate campaigns and relevant policies for diabetes prevention, including targeting obesity and promoting healthy eating, physical activity and smoking cessation. The report also states that, since 2011, there has been an increase in the number of countries with a diabetes register; however, more than 83% were considered incomplete by those involved in compiling the audit results. Closer to home, the report finds that, while there is a national diabetes plan accompanied by a strong political commitment in the UK, there are concerns that there are not enough resources to deliver the aims and objectives.

Diabetes prevalence in Europe

The International Diabetes Federation (IDF) estimates that diabetes affects around 382 million people worldwide (IDF, 2013). In Europe alone, the prevalence of diabetes is estimated at 8.5% of the population aged between 20 and 79 years – this equates to 56.3 million people currently living with diabetes in the whole of Europe. By 2035, it has

been predicted that this will rise to 68.9 million people. Across the European countries involved in the report, the diabetes comparative prevalence in Europe ranged from 2.4% to 15%, the lowest ranking country being the Republic of Moldova and the highest being Turkey according to the IDF (2013). The UK sits in the lower third of the ranked countries with a comparative prevalence of 4.92%. However, the report states that the national prevalence of diabetes in the UK in 2013 was 6.6% among adults.

Priorities

Despite the growing prevalence of diabetes across Europe, the audit reveals striking differences in the relative priorities that the countries surveyed place on research, prevention, treatment, management and self-management of this often-preventable chronic condition. This audit is a useful contribution to the common fight against diabetes by compiling data and national practices in a way that helps to promote best practice and make diabetes a national, European and global priority.

Raising awareness of diabetes has been at the forefront internationally and in Europe with the UN Resolution of 2011 and follow-up in July 2014, and the European Parliament Resolution in 2012 and the EU Summit on Non-Communicable Diseases in 2014 respectively. The commitment to raising awareness is clear to see; however, it has not been fully translated into action. So what further actions can be taken to curb the burgeoning burden of diabetes?

What role do DSNs play in Europe?

The role of the DSN is present throughout Europe, but its status, role, training and level

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of involvement in diabetes care differs greatly between countries, according to the report.

Encouragingly, regardless of status, nurses play an important role in providing education for self-management in more than 80% of countries. Twenty-nine countries, more than half of the those audited, stated that nurses working in diabetes care acquire their skills and knowledge while employed in a facility offering diabetes care. Only 19 countries recognised diabetes nursing as a specialist discipline, the UK being included in this statistic. In two thirds of the countries where diabetes specialist nursing is a recognised speciality, nurses also play a central role in overall diabetes management for all people with the condition, highlighting the key, integral role of the DSN. However, the report notes that some countries have nurses who are specialised in various aspects of diabetes management despite a lack of official status.

The authors of the report suggest that the professional status of DSNs should be acknowledged and postgraduate academic-accredited training be provided

to enable nurses to take a greater role in diabetes care, education and research. This would greatly balance the responsibilities of different healthcare professionals to improve the distribution of care provision across the primary, secondary and community health sectors. The section of the policy on diabetes specialist nursing concludes that despite recent progress, the number of community diabetes nurses reported remains insufficient in Ireland and the rest of Europe.

In the UK, especially in London, we still have unfilled vacancies where there are DSN-funded opportunities. Why are general nurses not wishing to specialise in diabetes care? Let us know of issues such as these in your area. ■

European Coalition for Diabetes (2014) *Policy Puzzle – the state we are in*. European Coalition for Diabetes, Brussels, Belgium. Available at: <http://bit.ly/1HUCMAu> (accessed 07.01.15)

International Diabetes Federation (2013) *IDF Diabetes Atlas*. IDF, Brussels, Belgium. Available at: <http://www.idf.org/diabetesatlas> (accessed 07.01.15)