

The positive impact of collaborative care



Lyndi Wiltshire

Acting Head of Cardiovascular Health and Nurse Lead for Non-medical Prescribing, Birmingham and Solihull Mental Health Foundation Trust

I found the education section of last month's *Journal of Diabetes Nursing* absolutely fascinating. This section provided a personal view of two practitioners' journey from wards and general practice to acquiring the skills needed to educate in a community diabetes care setting (Garnett, 2015; Palmer, 2015; Wallymahmed, 2015). Like many "older" diabetes specialists, when I started my diabetes nursing journey in 1996, the prerequisite for being a diabetes nurse required a general nursing qualification and speciality diabetes education qualification, and then many years of experience.

These inspiring stories triggered me to think about other practitioners who are now required to provide education to people with diabetes and if we are providing them with the skills needed to provide quality care or if their other skills fulfil this need.

I spend all my time now working in mental health and supporting mental health practitioners to provide high-quality diabetes care to service users dealing with an "acute" episode of their mental health condition. Many of these practitioners have unbelievable skills in psychological therapy, supporting well-being and dealing with emotional problems; however, many still have limited skills in physical health conditions. Still, there are many times when these are the practitioners who have the ability to provide the best care and best outcomes for these individuals, motivating people with diabetes to manage their physical health condition.

These talents are also replicated in many other specialist areas, including learning disabilities services, forensic services and the community setting. This emphasises the need for us to recognise that if we work closely with them, we could really make a difference to our patients' well-being. With our skills in diabetes and their skills in their speciality, we really should recognise the value of collaborative care and striving to bring care to the most vulnerable and most hard-to-reach

people.

Following the 2012 Health and Social Care Act, NHS England and the clinical commissioning groups have been tasked with reducing health inequalities. Additionally, the NHS Equality and Diversity Council was commissioned to:

"...bring people and organisations together to realise a vision for a personal, fair and diverse health and care system, where everyone counts and the values of the NHS Constitution are brought to life".

Evidence from Diabetes UK (2015) revealed that many people with type 2 diabetes do not feel confident in managing their condition. I recognise we have the diabetes skills, but we still need to have the support from these other specialities. Although diabetes may not be at the forefront of many other services' thoughts, with our skills and their skills brought together we have a unique opportunity for transformation.

Furthermore, if we recognise that diabetes is a condition that creates many health challenges within our society, we can understand the impact on all services and the well-being of people with diabetes when dealing with a mixture of long-term conditions. Evidence suggests the number of people with diabetes is increasing at a significant rate; therefore many people will need the support from diabetes services but also specialist services supporting their other conditions. This will have an impact on how our services are structured in the future.

The articles in this supplement will review the added value of working with specialists with different skills and the positive impact this has when dealing with people who need more than the norm in order to self-manage their diabetes. As you will see when you read these case studies, collaborative working has achieved tremendous outcomes. ■

Diabetes UK (2015) 42% of people with Type 2 diabetes "not confident managing their condition. Diabetes UK, London. Available at: <http://bit.ly/1GJPMpl> (accessed 19.08.15)

Garnett I (2015) Becoming a diabetes nurse educator: The journey from wards to a specialist post. *Journal of Diabetes Nursing* **19**: 263–6

Palmer J (2015) From practice nurse to diabetes nurse educator: The transition. *Journal of Diabetes Nursing* **19**: 267–9

Wallymahmed M (2015) A focus on the diabetes nurse educator role. *Journal of Diabetes Nursing* **19**: 262