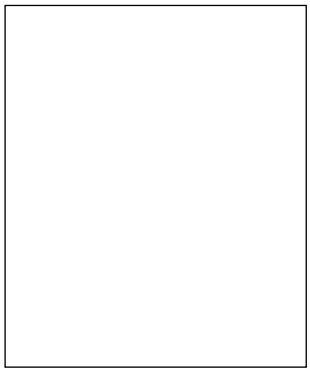
The Northampton story: DSNs under threat



Jan Anfield

Events in Northampton since the end of September 1997 are, in my view, threatening the very existence of the diabetes nursing service. The undermining and devaluing of the role of the diabetes specialist nurse (DSN) has left the service in a very vulnerable position. As yet this situation is unresolved.

Northampton District General Hospital (DGH) provides secondary care services to local people and residents in the southern half of the county. Diabetes care is delivered by 45 primary health care teams supported by the services of the diabetes centre, sited within the DGH. Team members include three consultant medical staff and two DSNs.

The first DSN was appointed 18 years ago from within the district nursing teams. That appointment established the link that remains with the community trust to date. Budgetary provision for the service is £42,000, which allows 0.85 WTE at grade H and at grade G, plus travelling expenses.

Devastating reductions in the diabetes service

A chance encounter with a district nursing sister on 19 September heralded the start of the bad news. She told me about the leaked document outlining devastating service reductions to be implemented by April 1998.

Having tapped into my network of district nursing colleagues, by that evening I had my own copy of the complete document called a *Financial Recovery Plan.* The proposals included '…removing two hospital-based posts and reproviding the service through existing community-based nursing staff' to produce savings of £42,000.

The next day was unusual in that it was a Saturday and the diabetes centre was to be open. We were hosting an open day to highlight the work of the centre and to display new equipment in an informal atmosphere. The opportunity to meet so swiftly with other team members, as well as our local BDA members, allowed us to draw up battle plans. We were therefore ready to act immediately after the leaked proposals were publicly announced on 24 September.

Press releases following a health authority meeting confirmed that our posts were to be sacrificed as part of a package of cuts to reduce a budget deficit of £3.9 million in the community trust.

Importance of maintaining a high profile

Our primary objective in the light of such news was to preserve the service for adults with diabetes that had developed over many years. It became imperative to keep a high profile during the statutory consultation period following publication of the draft plans.

It was a time of intense activity. In collaboration with our medical colleagues we drafted letters highlighting the proposals and their consequences and sent them to the health authority chairman, our trust director, local GPs, practice nurses and to the Community Health Council.

We also established links with our local newspaper, the *Northampton Chronicle and Echo*, who provided us with excellent publicity. We even made front page news one day!

In addition, we lobbied our local MPs, providing them with briefing notes about diabetes as well as information on our roles and the implications of the service loss. This resulted in a meeting at the diabetes centre where we were able to present our case and demonstrate the cost-effectiveness of our service.

Patient power

Last, but by no means least, we harnessed and directed patient power. A large notice was displayed in our waiting area and handouts were given to patients asking them to object in writing to the proposals.

Exhausted, we then headed for the BDA Conference in Bournemouth where we were able to communicate with other DSNs and find out whether others were experiencing similar problems. We discovered that in this particular area of cost cutting, Northampton appeared to be at the forefront. A petition was subsequently launched with many eminent signatories deploring the proposals.

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On our return, the first public meeting to discuss the proposals was marked by anger and outrage and enormous support for our service. Over the next few weeks we received copies of many supportive letters from GPs, nurses and patients. Meanwhile, the scenes of outrage witnessed in Northampton were repeated throughout the county.

Delay to allow time for further training of PCHTs

By November, local pressure resulted in the health authority's publication of a formal consultation document. This acknowledged widespread public and professional concern over the cuts to the diabetes service and announced a decision to postpone implementation until April 1999. The stated purpose for the delay was to allow time for further training within PHCTs to improve knowledge and skills in diabetes care.

This change in plans has, of course, been reported in the local press. As a result, the public perception was that the service had been saved. To me, that seemed far from the truth. Funding was only being guaranteed for one further year with the future thereafter still uncertain.

Negotiations are now being sought to arrange a transfer of the posts to within the medical directorate of the DGH. Its management, while keen to maintain the service, will have to find the money to continue to fund it, and the hospital already has its own cost pressures to deal with.

Since all this began, the Health Service Guidelines *Key Features of a Good Diabetes Service* produced in 1997 have been issued and the White Paper on the future of the NHS has been published. These documents can only strengthen the case to maintain and possibly further develop the service.

Often we have asked ourselves: 'Why is this happening to us?' Financial deficits are a widespread feature of NHS trusts and services are being reduced in many areas. However, our service would be obliterated, not reduced, by the loss of these two posts. This would mean a return to essential hospital admission for people newly diagnosed with type 1 diabetes, and for many with type 2 diabetes requiring transfer to insulin treatment. The costs of these admissions alone would outweigh the salaries saved.

Ignorance about our work

I believe that the real reason for the proposed cuts in our services lies in ignorance about the nature of our work. Management changes within our trust have been so fast and furious that line managers seem to have been unable to discover what our work involves, even when interested. If our role is not understood by our paymasters, it will be undervalued, thus leaving the service in a vulnerable position.

The only secure future for the diabetes nurse service lies in a transfer to a trust that understands and values our work, and will be willing to support the service in a positive way into the next millennium. ■

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