

Positive changes to diabetes nursing over the last year: Here's to more in 2016



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Writing this month's editorial has been a challenge as I have a Colles' fracture. This happened just before I flew to the Bahamas and needless to say, I didn't want to risk my holiday being cancelled by a new cast so I went off to the Bahamas with a broken wrist in a splint. Even the alcohol didn't dull the pain so my first job after landing back in the UK was a trip to A&E to get an X-ray. As expected both the radius and ulna were fractured.

Regardless of my own personal misfortune, I want to celebrate the beginning of the 20th volume of the *Journal of Diabetes Nursing* by looking back over recent changes and looking forward to more in the future.

What does the future hold for nursing?

With the publication of the *Five Year Forward View* (NHS England, 2014), it seems clear the direction of travel is to get many more nurses out into the community, including DSNs, so I think there will be a lot of opportunities and possibly new roles for nurses outside of the acute hospital setting. I think the use of technology will become more ubiquitous and hopefully there will be more nurses involved in research as the all-graduate workforce starts moving into the profession. Sadly, although research is part of the core job description of a Nurse Consultant, I've never had the time.

Our population will continue to get older, and people will require skilled, dedicated professionals to meet their health needs. Nursing will have a key role in promoting health and keeping people well, as well as supporting them during times of illness. Self-management education will be pivotal to the care of people with diabetes as the numbers continue to rise. It is a fact that the more confident, knowledgeable and engaged a person with diabetes is with their condition, the less likely they are to access the healthcare system. I strongly believe nurses working in diabetes care are instrumental in helping

people with diabetes achieve their individual level of self care. Nursing will change in the next decade, but the fundamentals will be the same and, despite all the challenges, it will remain a great profession.

NICE can be nice

February 2015 saw the release of the first consultation document of the updated type 2 diabetes guidelines and, from where I was sitting, it caused a strong negative reaction from the diabetes fraternity, so much so that there was a commentary piece published in the *Lancet* (O'Hare et al, 2015a) and a detailed article in the *British Journal of Diabetes and Vascular Disease* (O'Hare et al, 2015b) pointing out that the first draft was "not fit for purpose".

The overwhelming dissent resulted in a second draft being out for consultation in July 2015 and, with further amendments, the final version of the guideline was published in December 2015. Although not perfect, is it a huge improvement on the original draft and can be interpreted by the healthcare professional to ensure individualised management of type 2 diabetes. I can't wait to see how my Medicines Optimisation colleagues interpret the guideline and how our local guideline will reflect this.

Well, that's all, folks. I would just like to take this opportunity to thank a few people. Firstly, thanks to my TREND-UK co-chairs, Jill Hill and June James, for another successful year in 2015. Secondly, to my editorial team for producing another ten outstanding editions of the JDN and last but not least, to my fantastic team of DSNs and administrators back in Enfield who have provided the people in Enfield with diabetes an amazing service. Here's to another successful year in 2016. ■

NHS England (2014) *Five year forward view*. NHS England. Available at: <http://bit.ly/1lvuwY5> (accessed 05.01.16)

O'Hare JP, Millar-Jones D, Hanif W et al (2015a) The revised NICE draft guideline for type 2 diabetes: Still a long way to go. *Lancet Diabetes Endocrinol* 3: 679–80

O'Hare JP, Millar-Jones D, Hanif W et al (2015b) The new NICE guidelines for type 2 diabetes – a critical analysis. *Br J Diabetes Vasc Dis* 15: 3–7