Is quality of care dependent only on financial resources?

Maggie Watkinson
Editor

The results of the UKPDS, as well as the existing evidence about the importance of blood glucose control from the DCCT, have demonstrated that high quality diabetes care can have a positive impact on the health of people with diabetes. However, there are obvious resource implications which arise from these studies; providing high quality care costs money.

Even if diabetes services are moved higher up the list of priorities following the results of the National Service Framework for Diabetes (NSF), and consequently attract more financial resources, these will not be limitless. Any extra funding, in conjunction with existing financial resources, will need to be spent wisely to ensure that quality care is indeed delivered. This will necessitate sufficient numbers of knowledgeable, motivated and committed staff, both in primary and secondary care.

Using extra resources to employ additional members of staff

Primary health care teams may feel that other aspects of their service could be adversely affected if more emphasis is placed on diabetes care. Similarly, secondary care teams in many areas of the country are under extreme pressure and therefore may not be able to provide the level of services needed — however much they might like to — within existing financial constraints. Using any extra resources to employ additional staff to meet the needs of people with diabetes would seem to be the obvious solution to these problems.

However, these extra staff have to be competent to provide high quality care and may need to be educated and trained; health care professionals with the requisite expertise do not grow on trees! Thought needs to be given as to how to 'cultivate' staff in a way that promotes and ensures high quality care. A workforce which is well educated, supported and valued, and which can see the results of their work in improved patient outcomes, is likely to be motivated and committed to delivering a high quality service.

Primary care staff require support from their specialist colleagues

As well as initial education, there is the issue of ensuring that adequate resources are available to enable health care professionals to take time out to update and maintain their diabetes knowledge, and subsequently their motivation and commitment. Although experience is invaluable, it does not preclude the need for continuing education. Primary care staff, for example, require support from their specialist colleagues and access to information about new initiatives, treatments and ideas. This obviously requires clear systems of care to be in place and for effective communication to occur between primary and secondary care.

One of the purposes of the NSF is to set standards of care, which will be designed to ensure equity across the country. I hope it includes standards which address the preparatory and continuing education of all staff involved in diabetes care, and effective ways of communicating across the primary–secondary care interface. I also hope that the NSF, once published, will result in Primary Care Groups and health authorities allocating more resources to diabetes care. Money invested in the most important of these resources — the systems of care and the health care professionals working within them — will be well spent in terms of ensuring the outcome of high quality diabetes care. ■

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