

The National Service Framework for Diabetes



Rosemary Walker

National Service Frameworks (NSFs) form a major plank in the Government's health service reforms and drive for improved quality and equity. NSFs aim to eradicate inequalities of care around the country and set the minimum standards of care that people should receive.

So far, the Department of Health has commissioned four NSFs — care of older people, mental health, coronary heart disease and, most recently, diabetes. The advent of the diabetes NSF represents possibly the most important opportunity for diabetes care services in recent years. It was first announced in January 1999 by the then health secretary Frank Dobson. The lead minister for the NSF is Lord Philip Hunt. Lord Hunt has in turn appointed two co-chairs and a sixteen-strong Expert Reference Group (ERG).

The Expert Reference Group

The ERG's remit is to advise ministers on the content of the NSF. It is important to note that ministers will make the final decision regarding the content which will go before the Secretary of State.

All the members of the ERG have been selected for the contribution they can make because of their background and experience. Many are health professionals or health service managers and there are at least two people living with diabetes. Each member of the ERG is working with one or two others to lead on one of the sub groups, or topic areas, which have been selected for attention. This is where more people of all disciplines are becoming involved. The topic areas are listed in *Table 1*.

The leads for each topic area will work with a group of other people on their area and canvass opinion among an even wider range of people. The topic area leads will decide which are the key questions to be asked in that field, investigate the evidence available and make their recommendations

accordingly. The ERG has been asked to make recommendations which are evidence-based, patient-focused and, above all, realistic.

Management of type 1 diabetes

In the management of type 1 diabetes topic areas, the leads are myself, a paediatrician (Peter Betts), a paediatric dietitian (Sheridan Waldron), and assigned members of the Department of Health (DoH) diabetes team, who support the work of the group.

To give an example of how our group is working, following DoH recommendations as to who else to involve, we have assembled a number of other key individuals to identify the main areas which need attention. These individuals include people living with type 1 diabetes, a community nurse, a GP, a psychologist, and a paediatric DSN.

We had our first meeting on 2 February and will be meeting again on 12 April, with work programme feedback in between. The other topic area leads may work like this or choose a different way according to the needs of their topic. This illustrates how flexible the process is.

Table 1. List of topic areas that have been selected for attention by the Expert Reference Group

- Management of type 1 diabetes
- Prevention of type 2 diabetes
- Management of type 2 diabetes
- Pregnancy
- Renal complications
- Lower limb complications
- Retinopathy
- Other complications, including heart disease.

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Groundwork for the NSF

The programme of work for the NSF is very tight. The NSF is to be published in Spring 2001. This speed is essential to capture state-of-the-art diabetes management at publication. However, it is important to note that the NSF is looking at implementation of care programmes over the next 10 years. Sadly, no crystal balls have been issued, but this means that the NSF must be forward-looking to upcoming developments, e.g. the possibility of prevention of type 1 diabetes must be included.

As well as working in their own topic areas, ERG members will be asked to contribute across the topic areas, e.g. making other members aware of information that they come across which is relevant to other topic areas. There are a number of 'cross-cutting' issues which are relevant to every topic area, e.g. ethnicity, primary/secondary care interface, education and training of professionals, information technology, access and availability of services. Each member of the ERG may 'champion' one of these issues, ensuring it is reflected in the work of each topic area.

All the ERG members appear to be very enthusiastic about the process and there is a strong desire from the DoH to include as many people as possible in the process

and to be extremely patient focused. The NSF has a website for interested parties to access more information (see box below). There is a facility to make contributions via the site, which will all be considered but not necessarily acknowledged, for obvious reasons.

From the nursing point of view, my hope is that nurses will be involved in every topic area, however it is organised. I have let the DoH know the names of people who are interested in becoming involved although the final decision of whom to include rests with the leads of the various topic areas. I will provide updates on the process at regular intervals through The LINK section of this journal and via the RCN Diabetes Nursing Forum newsletter. ■

The Department of Health website on the National Service Framework for Diabetes can be found at:

www.doh.gov.uk/nsf/nsfhome.htm