Editorial



Jane Houghton

In recognition of the uniqueness of paediatric diabetes nursing

am so very pleased to be asked to provide the editorial for this new paediatric supplement which will appear in the Journal of Diabetes Nursing twice a year. I cannot think of any other journal that has recognised the speciality of paediatric diabetes nursing in this way. There are many nursing journals, several paediatric nursing journals, numerous diabetes journals, but no others to give us this opportunity. So thank you to the journal for recognising the uniqueness of paediatric diabetes nursing.

Standards and guidelines

Paediatrics generally is receiving a higher profile at a senior level at the moment, with, for example, in England the Children's National Service Framework (NSF). This is divided into several modules, most of which will have some implications for paediatric diabetes. Phase I of the acute module covers hospital services. The next phase will look at care of the child in the community.

The Diabetes NSF has reinforced previous reports about the care of children, such as the Audit Commission Report Testing Times. There are so many groups springing up from the NSF that it is difficult to keep up with them all. There is the user dataset group, the research group, Quality Indicators in Diabetes Services (QIUDS) method of auditing diabetes teams, competencies conference and the National Institute of Clinical Excellence (NICE) guidelines working party for children with type I diabetes. The NICE group is also looking at the use of insulin pumps in children.

Other initiatives

Alongside these groups, there is also Agenda for Change, the recommendations for modernisation of pay within the NHS, which is still under discussion. Despite a recent Royal College of Nursing survey which showed that there is a large shortage of paediatric nurses in many areas, many paediatric diabetes nurse specialists are given a grade lower than their adult diabetes nurse colleagues. They also often provide an out-of-hours advice service with no on-call pay. It is my hope that Agenda for Change will help address these issues so that job descriptions accurately reflect the work done.

Another major initiative is nurse prescribing with several paediatric diabetes nurses being part of the pilot scheme for supplementary prescribing. Of all the reports, this is the one that could have the most positive impact on the paediatric diabetes nurse's work.

Across the UK

While all this is happening in England, in Scotland the level of standards are being assessed through a peer review process involving local self-assessment, pre-visit meeting, completed self-assessment, external peer review team visit and external peer review day and visit. It is an ongoing process of assessment and planning. Scotland is also launching its national multidisciplinary competencies for staff working in diabetes. As usual where Scotland leads, the rest of us follow!

Wales and Northern Ireland are following a similar pattern to England in most of these areas. With all these reports and groups, it is impossible for the paediatric diabetes nurse to keep up with every publication, and to know what is relevant to them. That is why in future editions of this supplement, we plan not only to include articles relevant to paediatric diabetes but also to incorporate summaries of the main messages from other publications and meetings.

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