



Maggie Watkinson
Editor

Diabetes care: forging ahead with new and old partnerships

In my last editorial I focused on partnership between healthcare professionals and people with diabetes and the importance of working together. However, as well as the people we provide care for, there are also other partnerships in healthcare that are important.

Primary and secondary care integration

Primary and secondary care should now be working more closely together and designing services that meet the needs of the whole population. This is in contrast to the artificial situation of separate services for supposedly different groups of people that existed in the not too distant past. It has been recognised that people predominantly using secondary care services for diabetes care also use their primary care teams. Even if care is not formally shared it is important to work in partnership with regard to communication, particularly in the context of moving more care to the primary sector. Individuals who are currently regarded as being secondary care patients (for example, those with type 1 diabetes) may soon receive their care wholly from primary care health professionals, with support from secondary care.

Changes are beginning to occur. DSNs employed by secondary care trusts are being encouraged to contemplate more outreach work which should further help to instigate partnerships between those working in primary and secondary care.

Local diabetes networks

With the advent of local diabetes networks, the work begun by local diabetes services advisory groups can continue. The difference now is that these groups must ensure that there is representation from all of the relevant healthcare professionals, managers and people with diabetes.

One of the potentially most exciting partnerships we can look forward to (in England at least) is between workforce development confederations (WDCs) and local diabetes networks. Once workforce skills profiles have been completed these two groups will work together to address

the educational needs identified from this exercise. Rather than being distant, as the commissioners of education often were in the past, WDCs will be closer to 'on the ground' diabetes practitioners and will therefore be able to better support the development of appropriate education and training for them.

Partnerships between educationalists in higher education institutions and diabetes nurses have existed for a long time. Many DSNs are already actively involved in the planning, delivery and evaluation of diabetes courses for nurses and other healthcare professionals. With the potential increase in educational provision these relationships are likely to become increasingly important. It is vital that practising diabetes nurses contribute to future developments to ensure that the quality of existing and new courses is optimal.

Partnership with industry

One sector often forgotten is industry. The pharmaceutical industry keeps us updated with the latest diabetes equipment and invests in research and development to find more ways of making the lives of people with diabetes easier. Many companies provide educational materials for our use, educational grants for various projects and sponsorship for conferences and study days.

The cynics among us will naturally say that there is no such thing as a free lunch and that the pharmaceutical industry gains much valuable custom from such activities. However, although this may be true from one point of view, another perspective is that without the work they do the lives of people with diabetes would be very much more difficult. Just imagine not having the range of insulin delivery devices that are currently available and remember how cumbersome the first blood glucose meters were.

Partnership as a concept has always been important to diabetes nurses. Relationships forged in the past are likely to become even more important as we continue our journey through the implementation of the NSF for Diabetes. ■

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