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A key role for diabetes facilitators

Although diabetes facilitators have existed for about a decade, it is probably true to say that until recently they have had little overt impact on the greater diabetes world. Even though individuals have made a difference in their individual localities, relatively little has been written about the role and the impact of diabetes care facilitators, most of whom are nurses.

However, this situation is about to change. The increased emphasis on integrated primary and specialist care services, and the need to ensure that primary care staff have the knowledge, skills and attitudes to deliver quality diabetes care, have led to increasing realisation of the importance of the facilitator role.

It is acknowledged that there need to be more DSNs in both primary and secondary care to deliver the National Service Framework (NSF) for Diabetes. Already there has been a noticeable increase in advertisements for new DSN posts in primary care, for instance. However, some concerns about this have been raised.

The dilemma facing DSNs

'Traditional' DSNs based in secondary care have long faced the dilemma of trying to meet the needs of an ever-increasing number of people with diabetes, while attempting to ensure that their hospital colleagues retain their diabetes care skills, and having to deal with the educational needs of primary care staff. Meeting all these needs to the required standard is difficult to achieve.

Although additional DSNs, wherever they are based, are of course welcome, unless care is taken to avoid this situation, primary care based DSNs with a similar remit of mainly clinical care could soon face the same problems, albeit with fewer people.

Diabetes facilitators and PCTs

The main function of diabetes facilitators is to enable other health professionals to improve the quality of their care. In an ideal world, primary care trusts (PCTs) would be able to appoint DSNs and facilitators. This is probably unrealistic, and it surely makes sense, therefore, to work towards having at least one diabetes facilitator in

each PCT, rather than a DSN, if such choices need to be made.

There are, however, some issues that need to be addressed first.

- It is recommended that facilitators spend some of their time in a clinical role to maintain their expertise and credibility with their colleagues. As the demands of clinical work increase, it can be difficult for individuals to resist these and ensure that they set aside protected time for the support and education of primary care colleagues.
- There are also variations in the number of practices that each facilitator works with – some PCTs are much larger than others! I am not aware of any published guidance on the optimum number of practices that each facilitator should be involved with.

Role for the NDFG

The National Diabetes Facilitators Group (NDFG), which was formed in 1995 (and reports regularly in the LINK section of this journal), could possibly address this latter issue. The NDFG provides extremely useful information for PCTs considering the appointment of a diabetes facilitator, and also for individuals in the role. Members meet regularly to share information about their activities and ideas.

Unfortunately, much of this excellent work seems to have gone unnoticed by a wider audience. However, there are signs that this is changing: a study exploring the needs of practice nurses converting people with diabetes to insulin in primary care demonstrated concerns about the adequacy of support systems (Greaves et al, 2003), and a recent study on the effectiveness of a diabetes nurse facilitator was presented at the Diabetes UK conference in March (Diabetes UK, 2004).

Although it is often (legitimately) argued that all DSNs have a facilitation role, I believe that specific posts for assisting primary care staff to improve diabetes care are essential, and that we shall see many more such developments in the near future. ■

- Diabetes UK (2004) www.diabetes.org.uk/news/mar04/nurses.htm (accessed 23/06/04)
- Greaves CJ, Brown P, Terry RT, Eiser C, Lings P, Stead JW (2003) Converting to insulin in primary care: an exploration of the needs of practice nurses. *Journal of Advanced Nursing* 42(5): 487–96