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Reflections on diabetes nursing – a very personal perspective

These past two years have seen the publication of the long-awaited *National Service Framework (NSF) for Diabetes* (DoH, 2003a) and the introduction of the new General Medical Services contract for GPs (British Medical Association, 2003). *Agenda for Change* (DoH, 2003b) has been with the early implementer sites for the past 12 months, and nurses will be the first group to be fully assimilated into the project. Most recently I have received the Diabetes Competence Framework (Skills for Health, 2004) – which was also awaited with baited breath.

Such a lot of change in such a short space of time: how does it all fit together to move everything forward, and provide people with diabetes with a skilled, knowledgeable and highly efficient service, which is also compassionate and caring? There have also been changes to the way we work; some areas have been leading on work that has proved both challenging and exciting. Indeed, locally in Norfolk we are just beginning to train personnel for the role of chronic care technicians (NHS Modernisation Agency, 2002). This will follow the role blazed by Peterborough and developed under the Changing Workforce Programme (NHS Modernisation Agency, 2003).

The diabetes care technician

By adopting this route we are hoping that a technician, supported by nursing and medical staff, but working autonomously, will be able to perform, skilfully, a large part of the annual review for all patients with diabetes who are managed in primary care. After training, the technician should be competent to carry out a detailed foot examination and refer patients to podiatry or to a foot clinic for a more detailed examination or treatment if necessary. The post has support from both primary and secondary care staff. Training for the foot examination will come from the local acute trust, and the service provided will hopefully equal in quality the standard of care received by people who attend the hospital for their annual review.

The technician will free the GP and practice nurse from some of the more mundane tasks needed at annual review. It is envisaged that the GP will be able to undertake a more detailed medication review; this is particularly pertinent when there are concerns around concordance. The practice nurses freed from taking blood samples and checking blood pressures will be able to offer education, enforce dietetic messages and offer help around lifestyle issues – areas where they have infinite skills.

Benefits of partnership working

Why am I writing about a small project in East Anglia in a Viewpoint on seamless care? Getting this post up and running has ensured partnership working. All parties are talking to one another, sharing training and areas of good practice. Some issues have had to be handled skilfully: some highly trained and expensive people have, until the advent of the technician, undertaken tasks that have now been passed to 'a slip of a girl' with no clinical experience. The new role will help the practices achieve their data collection targets, and help us all achieve some of the NSF standards. The Diabetes Competence Framework will be useful in developing the technician as a person, and the role will hopefully evolve to everyone's satisfaction.

Twenty years ago, most people went into hospital to be initiated onto insulin therapy; my role as a new DSN was to start that treatment at home – almost revolutionary then. Here we are in the 21st century, again trying something new. Maybe this time we have more tools to help us – I just hope we still have that passion and enthusiasm to keep going forward.

I hope that this Viewpoint is of interest and that it encourages diabetes nurses to continue to think about diabetes care as a whole, and not what primary or secondary care can achieve alone. ■

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