



Maggie Watkinson
Editor

The NSF for diabetes: Has it really been two years?

The recent publication *Improving Diabetes Services - The NSF Two Years On* (Department of Health [DoH], 2005) is a report from Dr Sue Roberts, the National Clinical Director for Diabetes, about the progress that has been made in the UK in relation to the National Service Framework (NSF) for diabetes since its publication.

My initial thought is that it seems a very short time ago that I was writing an editorial about the publication of the 1-year report! Where has that year gone? Another thought is we have only 8 years left to achieve the standards set out in the NSF and if they go as quickly as the first 2 years then we had better get moving!

However, I suspect like many other people, I tend to focus more on what still needs to be done rather than reflecting on what has already been achieved. Reading and thinking about this document provides an opportunity to do that reflection, in terms of both considering what has been achieved locally and comparing this with national progress.

Progress and achievements

There is an acknowledgement in the beginning of the report that much has been achieved. Development is still 'patchy' although progress has been made in relation to local and national diabetes care improvement programmes, such as the development of structured education and the initiation of the National Diabetes Support Team. The main challenges identified are the relative lack of progress with the development of high-quality services for children and young people with diabetes and their needs during the transition from paediatric to adult care, and the need for named contacts and agreed care plans for all people with diabetes.

The rest of the report is structured in three sections: patient-centred care, working together and support for service delivery. There are examples in each section wherein local groups and teams have either developed their own or implemented national initiatives. Reading these sections may stimulate ideas about

how similar projects could be started in one's own area.

Some of these examples involved the use of extra resources, for instance, the appointment of a project manager, or more diabetes specialist nurses, but others describe innovative approaches to improving care without demonstrative extra resources (although the time taken and other resources needed to set up the projects have often not been made explicit). It is clear that, in some instances at least, more money has been devoted to diabetes care and in one example this has resulted in a huge cost saving!

Working together

One of the key themes of the document is the need for professionals in all healthcare settings to work together. Perhaps one of the most interesting developments is that this is also happening at higher levels and not just between primary and secondary or specialist care. Different branches within the DoH and other government agencies, as well as voluntary and independent sectors, are working together to address commonalities, such as the work on long-term conditions.

The last section of the document focuses on support for service delivery and this contains information about the work of the National Diabetes Support Team and other developments such as the Diabetes Competence Framework, the National Diabetes Audit and DiabetesE, all of which have made an appearance in the last year.

Considering the huge amount of work that has been achieved over this year, with the concomitant number of papers and projects to be read and considered, as well as probable involvement in local developments, it would perhaps be more surprising if any one of us felt that it has been a slow year with not much happening! ■

Department of Health (2005) *Improving Diabetes Services - One Year On. Report from Dr Sue Roberts, National Clinical Director for Diabetes, to Secretary of State for Health*. DoH, London. Available at <http://www.dh.gov.uk.assetRoot/04/10/67/20/04106720.pdf> (accessed 22.04.05)

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