

New roles in diabetes care provision



Debbie Hicks

As we are all acutely aware, the prevalence of diabetes and its associated comorbidities is increasing each year. This relentless rise in the number of people with diabetes puts pressure on the current workforce to provide high-quality services for everyone with the condition. People with diabetes should expect, and receive, a certain standard of care and education to enable them to self-manage and to reduce the risk of long-term complications (Department of Health [DH], 2001).

In the 2007 Healthcare Commission report it was suggested that only 11% of the population with diabetes accessed structured education. This was due to two reasons: either it was not available or they chose not to access it. However, I believe this has changed since the report, with far more PCTs providing education through community-based DSNs and intermediate care services.

This change was seen with the publication of the diabetesE report for 2008 (Innove, 2009). This is an ongoing audit commissioned by the DH, whereby PCTs annually complete a structured questionnaire relating to all aspects of diabetes care provision, both in primary care as well as the acute setting. The questionnaire also includes sections on strategies for prevention of diabetes, leadership and staff development. Each PCT that participates is given a detailed report as to where they are, in performance terms, via a traffic-light system. Red identifies poor performance, amber relates to average performance and green relates to improving or good performance. According to the overall result, the diabetesE team give suggestions regarding which five areas could be improved. I complete this audit on behalf of NHS Enfield with input from our acute providers and, while I have to say the collection of the information needed can be somewhat tedious, the report is really comprehensive and useful for identifying areas of need within the PCT.

Thinking more creatively about the workforce required to provide comprehensive education and support for people with diabetes is essential – new roles are a must. These roles

does not need to be provided by a qualified nurse or doctor but by someone who is appropriately trained.

Health trainers

To address the issue of poor diet and lack of exercise in the general population, which we know is a major trigger for type 2 diabetes, the DH created the health trainer role. In 2004, the government White paper, *Choosing Health: Making Healthy Choices Easier* (DH, 2004), gave a commitment that from 2006, health trainers would provide advice, motivation and practical support to at-risk individuals in their local communities. Health trainers reach out to people who are in circumstances that put them at a greater risk of poor health. They often come from, or are knowledgeable about, the communities they work with. In most cases, health trainers work from locally based services that offer outreach support from a wide range of local community venues. Health trainers work with people on a one-to-one basis to assess their health and lifestyle risks. They have facilitated behaviour change, and provided motivation and practical support to individuals in their local communities since 2006.

Health trainer champions work with health trainers by providing people with information, and signposting them to NHS and community services that will help them to live healthier lifestyles and access the support they need.

We now have a health trainer attached to our team in Enfield. Phil French works with us one day a week seeing referrals from us to help with weight management, increasing physical activity, smoking cessation and motivation of those disengaged from the healthcare system. Phil is not from a healthcare background, but has type 1 diabetes himself. He is an invaluable member of the team, giving us support with people who are struggling with motivation to improve their lifestyles. He also works one day a week as a health trainer with Tottenham Hotspur Football Club, encouraging young men to improve their lifestyles. This is particularly amusing as he is a staunch Arsenal fan!

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I believe that new roles, such as the health trainer, are a valuable resource to supporting diabetes care. If you have people providing diabetes care via a new role in your area please get in touch with us at the journal.

Insulin pump blog

As some of you may know, I have decided to start using an insulin pump to deliver my insulin. Having injected insulin for the past 36 years, this is going to be a new experience for me. You can follow my progress from the beginning on my blog at: www.thejournalofdiabetesnursing.co.uk/blog.

I will be discussing my thoughts and feelings on the use of an insulin pump, and finding out the pros and cons of having something that is permanently attached to me. Feel free to comment on what you think might make my life easier, or if you think I am doing anything wrong (after all, I am new to this). I hope many of you will find the blog useful and informative as to how people with diabetes on an insulin pump may be feeling.

Online article submission

On another note, the journal has now moved to using an online article submission system. This means you can now submit an article online and then track its progress as it moves through the peer review process. If you are interested in writing for us and would like to discuss it further, please contact James Heywood (0207 627 6658), or email jdn@sbcommunicationsgroup.com. Alternatively, if you have an article ready to submit then please visit: <http://www.epress.ac.uk/jdn/webforms/author.php>. ■

Department of Health (2001) *National Service Framework for Diabetes: Standards*. DH, London

Department of Health (2004) *Choosing Health: Making Healthy Choices Easier*. Stationery Office, London

Healthcare Commission (2007) *Diabetes: The Views of People With Diabetes. Key findings from the 2006 survey*. Healthcare Commission, London

Innove (2009) *Continuous Quality Improvement in Diabetes Services: Findings from DiabetesE. Fourth National Report*. Innove, Manchester