

Planning and delivering integrated services to people with diabetes post-pandemic

So here we are in April, and the sun is shining, which is most welcome at this time. We are all emerging slowly out of our second – and hopefully final – lockdown, with a very gradual return to meeting up with friends and family once again. We are seeing a rapid rise in the number of people across the nations receiving full vaccination, and it really does feel like hope is in the air.

On the diabetes front, we are currently enjoying the Diabetes UK Annual Professional Conference, which this year is being spread over a 10-day period, so hopefully you will all be able to access the amazing programme. The agenda, as always, is far-reaching and thought-provoking, covering a healthy mix of topics on innovation, use of technology, care for specialised clinical groups and, importantly, sessions on service delivery.

We will all have experienced, in whatever area we practise, a massive increase in workload post-pandemic. This is happening at a time when we are all exhausted from the seismic shift in working practices that we have all managed over the last year. However, almost unnoticed at this time, many changes have continued to progress service delivery within the NHS. Across England, the formation of Primary Care Networks (PCNs), which started mid-2019, has continued apace. PCNs are part of the NHS Long Term Plan and will ultimately be replacing Clinical Commissioning Groups in order to plan and deliver services in a far more integrated way. PCNs have the potential to benefit patients by offering improved access and extending the range of services available to them, and by helping to integrate primary care with wider health and community services (The Kings Fund, 2020).

A real testament to the PCNs is the fantastic roll-out of the COVID-19 vaccination programme.

As I mentioned briefly in my last editorial, I have been part of the vaccination programme, volunteering for my local PCN, so I really have had first-hand experience of the system in action, from the setting up to the delivery of vaccinations, drawing on a wide range of services from both health and social care.

In this edition of the *Journal*, we have a [comment from Naresh Kanumilli](#) introducing the newly published guideline for PCNs on diabetes care delivery, *Best Practice in the Delivery of Diabetes Care in the Primary Care Network*. I absolutely believe that we all, no matter where we practise diabetes care, need to read this document and familiarise ourselves with the newly emerging system for diabetes care delivery.

I am sure many readers will already be familiar with their local primary service delivery models and will hopefully have been part of shaping diabetes care delivery within the newly formed PCNs in their area. But even if not, I feel we should all be aware of this document, and I encourage you to use it to help guide your local PCNs to establish teams and integrated care systems that improve both care and outcomes for our diabetes population.

Nicki Milne, a very good friend of the journal and a member of the editorial team, has also developed a “[How-to guide](#)”. This quick guide summarises the key aspects and messages from the full guideline and is again, I feel, invaluable reading.

I will sign off this editorial by wishing you all well and hoping that we have continued good news of a sustained COVID recovery by the time of the next editorial. ■

The King's Fund (2020) *Primary care networks explained*. Available at: <https://bit.ly/3sAkSPu> (accessed 20.04.21)



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Citation: Down S (2021) Planning and delivering integrated services to people with diabetes post-pandemic. *Journal of Diabetes Nursing* 25: JDN177