

The NHS Long Term Plan: What does it mean for diabetes care?

This year started off with the launching of the Government's 10-year plan for the NHS (available at: www.longtermplan.nhs.uk). This 133-page document has a clear vision to boost primary care and community services with additional funding, with the remit to drive forward greater integration of care and the health of the population. Integrated Care Systems and Primary Care Networks are to cover the whole of England, with key responsibilities set out. Funding flow and performance frameworks will be changed to support these both.

The priority areas of the plan are children and young people, cancer, cardiovascular disease, stroke, diabetes, respiratory disease and mental health. All have their key detailed proposals, and it is refreshing to read that the prevention of diabetes plays a major part in the plan. Prevention of diabetes will see a doubling of the *Healthier You: NHS Diabetes Prevention Programme*, crucially with the investment needed to make this a reality. Many areas currently do not have adequate programme spaces to meet the local demand and so, as inevitably happens, people who need the support face long wait times or are just not referred in the first place. Hopefully now we will see a real shift in this area.

A technological and digital focus, not surprisingly given the background of our current Health Secretary, also has a prominent role to play. The flash glucose monitor has its own mention, and finally we may see an end to the ludicrous postcode lottery for those with type 1 diabetes to access this technology to help them self-manage their condition. Furthermore, regarding technology and, given my special interest in pregnancy and diabetes, I was very pleased to read the proposal that all those with pre-existing type 1 diabetes will have access to continuous glucose monitoring for the duration of their pregnancy from 2020/21. This is very welcome news and has the clear vision of improving neonatal outcomes.

Further digital commitments will push for increased use of telephone or online consultations. Many areas, including my own, have already started using this approach, but this will be enhanced with the use of technology and service redesign to include outpatient consultation, with the aim of reducing the need for face-to-face consultation by up to a third.

My other interest in diabetes (and the other end of the spectrum from pregnancy!) is frailty and the management of diabetes in care homes. A commitment to improve support to all care home residents with regular medication reviews, and to link up teams providing care, is a real win-win in my opinion. Primary Care Networks will provide stronger links with care homes, with a commitment to ensure the sharing of information between these two in a secure and easy way, which can only lead to improved communication, speed of medication change and a better outcome for the growing number of [care home residents with diabetes](#).

The key risk to success, and this is acknowledged in the Plan, has to be workforce. The King's Fund, the Health Foundation and the Nuffield Trust have stated their [deep concern](#) regarding the current workforce's ability to cope with existing pressures, let alone new commitments. Although targets have been set within the Plan for increases in staffing, it is unclear how these will be met, as the workforce training and CPD budget has not yet been set, and is due to be settled in the 2019 Spending Review.

So where does this leave us? Well, we have an ambitious and forward-thinking 10-year plan, with a commitment for additional continued investment in the NHS. Now it's over to the Sustainability and Transformation Partnerships and Integrated Care Systems to develop, set out and implement their own 5-year strategies to deliver on the Plan. These local strategies can still be influenced, and so it is imperative that local teams ensure that diabetes has a prominent place in these plans to deliver on the commitments.



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With so many of our highly experienced DSNs and nurses who deliver the diabetes service in primary care soon to retire, succession planning right now is vital to ensure the successful implementation of the challenges ahead. I can only hope that this is given the attention it so desperately needs.

Introducing the PCDS Clinical Hubs

As co-Vice Chair of the Primary Care Diabetes Society (PCDS), I am delighted to announce the launch of a new, free-to-access, online educational resource. The PCDS Clinical Hubs are an educational resource aimed at furthering the understanding of diabetes and its complications among healthcare professionals who manage individuals with diabetes.

After months of painstaking work, we are proud to announce that the first two PCDS Clinical Hubs, the *Cardiovascular Hub* and the *GLP-1 Hub*, are now online. David Millar-Jones, who authored the

interactive CPD modules that form the heart of the Clinical Hubs, gives a [detailed description of the resource](#) in this issue of the Journal. I join him in recommending the PCDS Clinical Hubs to all nurses and allied health professionals who manage individuals with diabetes. ■



The Primary Care Diabetes Society Clinical Hubs are accessible for free at: www.diabetesonthenet.com/pcds-hubs