White paper provides a vision of the future



Maggie Watkinson

t must be springtime because there is another plethora of important documents for nurses working in diabetes care to peruse, digest and contemplate! One that was published at the end of January but is likely to have a significant and long-lasting impact on health services is Our health, our care, our say: a new direction for community services (Department of Health, 2006). We already know something about initiatives relating to improved patient choice, moving services from secondary to primary care and the provision of more cohesive healthcare and social care services for people with long-term conditions. This new white paper expands on these and other reforms and, as the Executive summary states, it provides a framework to make the reforms happen.

The document is large and covers many issues; the four main goals are the provision of better prevention services with earlier prevention, giving people more choice and a louder voice, tackling inequalities and improving access to community services, and providing more support for people with long-term conditions. Perhaps the ones most immediately relevant to nurses working in diabetes care involve an increased emphasis on better prevention services and increased support for people with long-term conditions.

Prevention services

We all are aware of increasing obesity and decreased physical activity in our society, which is already having a huge impact on the number of people with type 2 diabetes. One of the initiatives related to prevention services is the development of the NHS 'Life Check', whereby individuals will be able to assess their own risks of ill health and then seek help to modify these, where possible. This initiative is due to commence in 2007. Any reduction in the number of people with diabetes, or other lifestyle-related conditions, as a result of these preventative strategies is obviously beneficial.

Support for people with long-term conditions

One of the ways in which people with longterm conditions will be supported is the trebling of investment in the Expert Patients Programme (EPP). A 'community interest company' will be developed which will ensure that the EPP is continued and secure and will also market and deliver other self-management courses for people with long-term conditions. In addition, there is an increased emphasis on the provision of information and care plans.

These are, of course, long-term plans and details are necessarily somewhat sketchy. However, it is not beyond the realms of possibility to imagine the Dose Adjustment For Normal Eating (DAFNE) and Diabetes Education and Self Management for Ongoing and Newly Diagnosed (DESMOND) structured diabetes education programmes being subsumed by this company and marketed and delivered by it in conjunction with other courses.

Opportunities for nurses working in diabetes care

This potentially provides new opportunities for diabetes nurses in the future; nurse entrepreneurs may be involved in the setting up and running of the company or be commissioned to provide such courses locally, for example. Roles for diabetes nurses may also look somewhat different in the future. Hospital diabetes specialist nurses seem to be a growing group at the moment and will still be essential for ensuring that inpatients with diabetes receive high-quality care. In my opinion, there are likely to be more community specialist nurses employed by primary care trusts, and diabetes specialist nurses employed by secondary care services may be commissioned to provide more care in the community as services move from secondary to primary care. There could also be a new breed of diabetes nurses - the diabetes educators - who will provide structured education and self-management programmes.

This white paper is worthy of several nights' bedtime reading; it is a very important document, as it gives direction for the shape of things to come. It also provides challenges and opportunities for nurses working in diabetes care.

Department of Health (DoH; 2006) Our health, our care, our say: a new direction for community services. DoH, London

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