Proving our worth in specialist nursing

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According to internal Strategic Health Authority (SHA) documents seen by *The Daily Telegraph*, the NHS is planning for budget cuts that could result in the loss of thousands of beds and tens of thousands of jobs. Under the proposals by ten SHAs, up to 10% of jobs could go in hospitals and clinics in some areas. In addition, the NHS has estimated that it needs to make to make a cost saving of up to £20 billion by 2014 (BBC News, 2010).

How is this going to be possible if we are to provide health care to an ever-increasing and ageing population?

Many of the recent healthcare reforms have aimed to reduce costs while providing high-quality services. For example, the Department of Health (2006) White Paper *Your Health, Your Care, Your Say* documented care moving into the community in many services that were traditionally provided in secondary care, such as diabetes. Many of the London hospitals are under threat of closure, which means that people will need to travel further for emergency or maternity care.

Regarding potential job losses, Janet Davies, Executive Director of Nursing and Service Delivery at the Royal College of Nursing, stated that "Specialist nursing posts were particularly hard hit during the NHS deficits crisis in 2006, this could be repeated in 2010. It is vital for nurses to make the case for protecting specialist nursing posts before it is too late" (Davies, 2010).

It is therefore crucial that all nurses working in diabetes care are able to prove how much difference we can make to the life of a person with diabetes and how cost-effective that care is.

Proving your worth

As nurses, we are often not particularly streetwise when it comes to proving our worth. Some groups of nurses, like the inpatient DSNs, have been able to provide evidence that their interventions reduce length of stay in hospital – a major cost saving. I am sure there are lots of other examples where nurses have improved clinical outcomes, but we need to publish these to enable people like commissioners to understand the problems and likely cost increases if these nurses were no longer able to provide this care.

The Enfield example

To prove that the intermediate service that we provide in Enfield is both cost-effective and person-focused, we undertook a clinical outcomes audit. We audited our active caseload and documented HbA_{1c}, total cholesterol and blood pressure levels at entry and then again at exit from our service, or date of data collection. These data showed at least a 1% reduction in mean HbA_{1c} levels and a reduction in total cholesterol for 80.8% of the caseload.

This information, along with the results of our recent patient satisfaction survey, provides strong evidence that the service is fulfilling the needs of our people with diabetes in a cost-effective manner. We are about to write up this process to share with others who may be struggling with thinking of ways to produce evidence of effective services.

Conclusion

This issue has been taken on board by TREND-UK (Training, Research and Education for Nurses in Diabetes-UK), which is currently in discussions both with NHS Diabetes and Diabetes UK to initiate a project to collect data relating to the positive impact that DSNs and other nurses have.

Another worrying issue for us is that the DSN survey last year suggests that 44% of existing DSNs are due to retire in the next 10 years (Diabetes UK and NHS Diabetes, 2010) – we cannot afford to lose these posts to NHS cuts. If you have any projects or patient satisfaction surveys that you have undertaken that you are willing to share with TREND-UK please send it to us at the journal. ■

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