



Maggie Watkinson
Editor

How has diabetes nursing changed over the last 5 years?

It has now been at least 5 years since I became the editor of this journal. In that time, there have been many changes in the world of diabetes nursing. It is, perhaps, time to reflect on what these years have brought us and to hazard guesses about what the next 5 years might bring.

Since 1998, there have been momentous changes in diabetes care. The National Service Framework for Diabetes (NSF) is perhaps the most significant of these events. At last, diabetes is on the political agenda and there is real potential for improvements in care. However, we are relatively close to the beginning of the implementation period and some health professionals are concerned about the seemingly slow speed of improvement at the moment, as well as the lack of ring-fenced resources. In 5 years time, we will have a more accurate view of the progress of the NSF – after all, we will be half way through the implementation programme!

Clinical developments

As well as changes in organisation, there have also been a large number of clinical developments. For example, blood glucose monitoring has changed enormously over the last 5 years. There is a vast array of meters to choose from now, with automatic starts, extremely small sample sizes, alternative site testing and kinder lancing devices. Over the next few years it is likely there will even more advances in this field with, for instance, viable (and less expensive) continuous blood glucose monitoring systems.

There has also been progress in the development of insulin delivery systems over the last few years. Continuous subcutaneous insulin delivery systems, which were first used in the UK in the 1980s, have made a comeback recently. The number of people using pumps is likely to increase in the future, as pumps become smaller and more easily manageable and people become more informed as a result of the National Institute for Clinical Excellence guidelines.

New insulins have also appeared. Five years ago, analogue insulins were fairly new; we now have relatively lengthy experience of using the short-acting ones and have started using the first of the longer-acting

analogues, and await the introduction of more analogues. It will be interesting to see whether the old, tried and trusted insulins become obsolete in the near future.

After at least 20 years of studies exploring diabetes patient education, which on the whole seem to have produced more questions than answers, patient education now seems to be an important item on the research agenda. This will hopefully mean that diabetes education will attract appropriate funding for rigorous large scale studies, as well as good quality qualitative work, and in 5 years time we will have a much clearer idea about what works, when it should be delivered and how.

Professional changes

On a professional level, probably the most obvious change to diabetes nursing is the advent of the consultant nurse. In 5 years time, we will be able to evaluate these roles and assess the service developments that have been initiated. However, I think it is likely that the change which could have an even greater impact on services will be a relatively rapid rise in the number of DSNs, particularly those appointed by PCTs to work in the community or those who have a facilitator role. There are already indications that this is beginning to happen.

From a journal point of view, there have already been major changes; we now have nearly twice the number of issues per annum, for example. This is, in part, because individuals seem to be more prepared to write for publication and believe that their contribution to diabetes nursing knowledge is of value to others. The noticeboard section has also come to fruition; the need to effectively communicate with each other in times of potentially huge changes in service delivery seems more urgent and this is reflected in the number of questions posed therein.

One thing is certain about the next 5 years – change is inevitable. Some of these changes are predictable, but it will be fascinating to not only look back and assess whether those predictions were accurate, but also to see what unexpected developments we have dealt with. I am sure we can rise to the challenge! ■

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