“Think of a world without any... diabetes specialist nurses”

There is compelling evidence that diabetes specialist nurses help to improve clinical outcomes in people with diabetes. These nurses help patients achieve better glycaemic control, which delays progression to long-term complications and reduces short-term complications such as hypoglycaemia and hyperglycaemia leading to diabetic ketoacidosis or hyperosmolar hyperglycaemic state. They are also adept at reducing both admissions and length of stay when patients with diabetes are admitted to hospital – a major priority for commissioners – and achieve high patient satisfaction rates.

The DSN role has many facets. Its focus is on people with complex diabetes care needs, encompassing children and young people, pregnant women, patients using insulin pumps, those with multiple morbidities (such as severe chronic kidney disease, cardiovascular disease and foot disease) and inpatients. DSNs help people with diabetes to self-manage their condition and many provide one-to-one and group education to teach people the skills they need to do this.

DSNs are skilled in the use of the different types of diabetes medications and devices so treatment can be tailored to the individual. Studies have demonstrated that they significantly reduce insulin and management error. While they frequently work as autonomous practitioners – approximately 40% as independent prescribers – DSNs still have access to consultant advice.

The number of people with diabetes is climbing rapidly; there are currently 3.2 million in the UK, and it is expected that by 2025 this will have risen to 5 million. It is estimated that a quarter of care home residents have diabetes and around one in seven inpatient beds are occupied by people with diabetes.

Most people with diabetes are cared for in general practice, where they need access to well-trained and competent health professionals. DSNs are well placed to teach and upskill non-specialist staff, whether in the community or hospital setting.

The joint position statement Diabetes Specialist Nurses: Improving Patient Outcomes and Reducing Costs, published by Diabetes UK, TREND-UK and the Royal College of Nursing, clearly sets out the risks associated with a significant stagnation or reduction in – or indeed the complete demise of – DSN posts. Worryingly, a recent Diabetes UK survey reported that nearly half of DSNs expect to retire in the next 10 years. If not replaced, their loss will leave a significant gap in service and expertise.

At the same time, despite overwhelming evidence demonstrating their clinical effectiveness, DSN numbers are stagnant or falling in some areas as commissioners pursue short-term cost savings. A quick fix in the budget now will undoubtedly result in higher complication rates and incur much greater costs to the NHS later. More importantly, it will exact a terrible toll on individuals living with the condition.

I urge commissioners to think of a world without DSNs – and think again. NT

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