Response of the Royal College of Nursing in Wales to the National Assembly for Wales Health and Social Care Committee Inquiry into the implementation of the National Service Framework for Diabetes in Wales and its future direction – 21st September 2012

TOR: To examine the progress made on implementing the NSF for Diabetes in Wales across the local health boards and its adequacy and effectiveness in preventing and treating diabetes in Wales. The Committee will also consider potential future actions that are required to drive this agenda forward

ABOUT THE ROYAL COLLEGE OF NURSING (RCN)

The RCN is the world's largest professional union of nurses, representing over 400,000 nurses, midwives, health visitors and nursing students, including over 23,000 members in Wales. The majority of RCN members work in the NHS with around a quarter working in the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing.

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

Background Information

There are 160,000 people with diabetes in Wales. Approximately, 16,000 (10%) have Type 1 diabetes and 144,000 (90%) have Type 2. This equates to 5.0% of the population. 1,373 children and young people have diabetes (97% have Type 1 and 3% Type 2).

There are two main types of diabetes: Type 1 and Type 2. Type 1 diabetes is most commonly diagnosed in childhood or in young adults but can occur at any age. Without insulin the condition is usually fatal and those with diabetes must therefore self-inject insulin. Insulin must be carefully balanced to prevent the blood glucose being too high which raises the risk of life-threatening and disabling complications and to prevent the blood glucose being too low which may cause life-threatening hypoglycaemia. Those with type 1 diabetes must learn these balancing skills themselves.

Type 2 diabetes can progress slowly and with no obvious symptoms. Herein lies one of its grave dangers: at the time of diagnosis, around half of people with type 2 diabetes have unwittingly sustained tissue damage. In cases where blood glucose control is not being achieved through diet, weight control and exercise, treatment with oral medication will commence. Ultimately, people with poor control of their type 2 diabetes will progress to insulin treatment. 20% of people manage on diet and exercise alone. 80% take medication: 50% take hypoglycaemic agents and 30% take insulin.

Diabetes costs NHS Wales £500m each year. This equates to 10% of the total NHS Wales budget. At the current rate of increase in prevalence, it will cost £1bn by 2025. The vast majority of the cost is due to diabetes complications, which account for 80% of the total.

Information from Diabetes UK Cymru

Introduction

RCN Wales welcomes the opportunity to respond to the Committee on this topic. Diabetes is one of the most prevalent chronic conditions in Wales and the benefits that could be achieved from its effective management are significant. This is true whether viewed from the perspective of the release of the general population's capacity resulting from better management or from the perspective of reducing activity and spend of the NHS on responding to higher lever complex need.

We have chosen to briefly outline our view of the most significant areas that need improvement to implement the NSF effectively. We would be happy to expand on these areas in oral or further evidence if requested by the Committee.

Public Health

Prevention Strategies for diabetes need to be designed with and implemented alongside those for cardiac and stroke.

The relationship of poverty to poor public health must be acknowledged in any strategy. Individual choice and responsibility is an important factor but the limits of finance, time knowledge and access to resources (such as healthy food, leisure facilities etc) should be considered. There have been excellent projects looking at healthy families and healthy schools. The RCN has made a number of policy suggestions in this field from ensuring cooking skills are prominent in the curriculum to reducing the levels of salt and sugar in processed food. We are happy to elaborate on these if the Committee is interested. These need to be practical and change habits of a life time. Building on the Olympic successes may encourage children to be active and healthy eating.

How to identify those at risk of diabetes is key to transforming the health of the population. Public health nurses are key. Again this needs to link to other plans Quality Outcome Framework (QOF) and the cardiovascular plans of the Health Boards.

Making Best Use of a Specialist Workforce

RCN Wales is concerned that some Health Boards in Wales are asking Diabetes Specialist Nurses and Paediatric Diabetes Specialist Nurses to return to work on general hospital wards for an increasing part of their working week. This is part of a general move to try to backfill the sickness and maternity cover of ward staff and avoid replacing the posts of the ward staff who leave. Role modelling and teaching is part of the role of the specialist nurse but this policy is leading to patient case load being less well managed, nurse lead clinics being cancelled and people with diabetes not being supported fully. In short the whole financial and patient benefit of employing a specialist nurse is being undermined increasing the reliance on medical consultants and likelihood of an unmanaged patient condition escalating. The work demands of the specialist nurses are not being covered and nurses not being appointed to fill the posts of individuals who have left.

The paediatric diabetes specialist nurses (PDSNs) are actively involved in the problems faced by diabetic children at school and along with school nurses play a large part in the management of diabetes in supporting students and their families. The RCN is concerned by the numbers of patients some PDSNs support. Guidelines suggest PDSA case load is 1 whole time equivalent for 75 children. The RCN has learned that one PDSN in North Wales currently supports over 120 children. The needs for children and their families are complex specifically with the advancement of treatments like insulin pumps which require support for education and increase in cost. We have supplied with this evidence a copy of the 2006 RCN professional guidance on this issue.

Patient Education

The RCN believes that patient education for Type 1 and Type 2 Diabetes is essential to improving Diabetes care in Wales. Currently in Wales delivery of patient education is patchy.

It appears that one particular structured programme is used in Wales at the moment which LHBs must pay to access. This cost, alongside the apparently limited number of professionals which are trained to deliver the education programme, is apparently being used by LHBs as a reason not to deliver patient education in diabetes at all.

The RCN would like to see equitable delivery of a structured education programme across all Health Boards in Wales for people with Diabetes and we would strongly recommend the Committee make detailed enquiry of the LHBs on this issue.

Education for Healthcare Professionals

Education for patients is linked to education for health care professionals. We are particularly concerned as to the advice and support a newly diagnosed person with diabetes might receive from their General Practice. The LHBs should take responsibility and be able to demonstrate the quality of service through healthcare education.

The RCN would like to see accessible education on diabetes for general health professionals from emergency care and unscheduled care through to hospital care, primary care including practice nurses and wider community nurses.

A suggested model to follow is the Stroke-specific education framework which has a mapped pathway of courses available for health professionals at all levels.

Some Health Boards and Welsh Universities have developed local education including e learning material in the safe use of insulin and a Masters Degree modules to up skill clinicians. This should be mapped out in Wales so professionals can see the education needed within their level of practice and work area.

The RCN is currently developing a specific diabetes section within its own learning zone.

It must be recognised that many LHBs have responded to the need for financial savings by refusing to allow nurses and HCSWs access to Continuing Professional Development (their concern being the cost of backfill rather than the training itself). Innovative training methods can assist in reducing this pressure but quality of care requires a commitment to invest in the people delivering the care.

A 'Joined-Up' Service Required

The RCN in Wales would like to see a greater engagement in multidisciplinary and multi organisational working on diabetes. This could prevent wasted duplication of effort and finance and prevent emergencies and even deaths. For example there is currently no joined up system between Welsh Ambulance Service Trust and Hospital or primary care diabetes services. If there is a emergency ambulance call by a person with blood glucose of less than 4 the person maybe treated but no follow up appointment can be booked or education given to prevent a reoccurrence.