DEVELOPING DIABETES SPECIALIST NURSING LOCALLY

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Diabetes Specialist Nurses (DSNs) are vital to the implementation of a good quality diabetes service. In addition to their professional skills, they provide an interface between the patient with diabetes and the medical services, bridging many of the 'boundaries' and specialities within health care. DSNs can inform and educate us all, and also provide useful guidance for implementing new developments. To benefit most from their skills, they need time and support to organise their work schedules to best effect. This will be particularly important as we develop issues such as shared care, the combined diabetic pregnancy clinic, eye screening and the diabetic register locally.

The areas served by Royal Lancaster Infirmary and Westmorland General Hospital have not had enough DSNs for some time. Ideally, there should be one DSN per 50,000 population, which would entail four whole-time equivalent posts – about 2²/₃ based in Lancaster and 1¹/₃ in Kendal. For a long period, Margaret McCaskie was the only DSN in Lancaster, with Sue Grime at Kendal. In mid-1995, Karen Scholey was appointed to an additional part-time post in Lancaster. Karen has 10 years' experience as a DSN, gained in the teaching hospital environment of Nottingham. Nevertheless, the service was still understaffed. Much of the work was reactive to problems. Continuity of care could not be provided, educational targets could not be met, and communication with colleagues (particularly in primary care) was failing. There were some inappropriate referrals and insufficient feedback. Morecambe Bay Health Authority, with support from both primary and secondary care, has now agreed to expand the DSN establishment to two whole-time equivalent posts in the Lancaster area of the district from April 1997. This was made possible by a 'pump-priming' grant (a mechanism for improving diabetic services that has been widely used elsewhere in the UK) from Lilly Diabetes Care, to whom we are very grateful. We have consequently been able to work with two whole-time equivalent DSNs from July 1996, Karen Scholey filling the substantive post from October 1996. We can now implement a number of diabetic service improvements that are required to achieve the targets of the St Vincent Declaration (see the article on the Combined Diabetic Pregnancy Clinic by Mr David Burch). These improvements to the diabetic service, however, will mean some changes to the way in which the DSNs work and we will need the support of general practitioners in this. Table 1 highlights some areas that need development.

DIABETIC SPECIALIST NURSING IN KENDAL

At the Kendal end of the district, Sue Grime will continue to support the community as before. The three sisters will

- Continuity of care
- Reduce driving time and increase patient time
- Planning of activities (time management)
- Appropriate referrals
- Improved communication with GPs
- Improved communication with other health professionals
- Improve educational contact with patients and health professionals
- Development of speciality work (eg: pregnancy and paediatric care)
- In-service training with funding for DSNs

Table 1 Some problems to resolve for diabetic specialist nurse work

support each other during periods of leave, and liaise closely in cases of shared care (eg with pregnant patients). However, we are pleased to welcome Jenny Lowe to the nursing staff at Westmorland General Hospital. Jenny has joined us for two years. She will help particularly with diabetes link nurses on the hospital wards and in clinic to enable planning to achieve the St Vincent Declaration targets. We will develop local hospital guidelines in this way, as well as obtaining information to plan future developments. An audit of eye screening for patients attending the hospital clinic has been started with this in mind.

PROPOSED DSN WORK PATTERNS IN THE LANCASTER CATCHMENT AREA

From 1st October 1996, following the substantive appointment of Karen Scholey as a whole-time DSN, we started to change patterns of practice. This is likely to evolve with time and with the development of facilities.

Areas of work

One of the biggest time-wasting occupations locally is driving backwards and forwards across the congested Lune bridges. To help save time and to improve continuity of care, we have decided to split the area: Sister McCaskie will cover Lancaster and Sister Scholey will cover Morecambe. There are one or two 'grey' areas where patients and GP surgeries are on opposite sides of the Lune, but in the main a simple geographic division has taken effect.

An added benefit is that each practice will be able to develop its diabetes care programme in conjunction with a single DSN, both sides getting to know each other as time passes. This is a start. All rural areas will continue to be covered by both sisters for the present. Clinics at Ash Trees and New Street, Carnforth, will continue as before. The fact that both sisters are now full time will prevent the need for so many hand-overs of duty, thereby improving continuity of

care to individual patients too.

TELEPHONE CONTACTS

Both sisters will continue to carry a mobile phone. As anyone with a bleep will know, these can be extremely disruptive. Stressful patient interviews, educational times such as starting people on insulin, and lectures have all been interrupted. Therefore, by the time this article is published, the sisters will be able to interrogate their 24 hour ansaphone (583715) and mobile phones may be turned off. We would ask that the ansaphone should be the routine method of telephone contact, reserving mobile phones for emergencies (very few), or for issues requiring discussion.

REFERRALS

Please make clear the specific **diabetic** problem that needs attention. This is usually straightforward, but occasionally it appears that dietetic advice or a routine visit and assessment of an elderly patient, who happens to have diabetes, might

Diabetic specialist nurses	Ashton Road Clinic Ashton Road LANCASTER
24 hour ansaphone	01524 583715
Mobile phones	Sr McCaskie 0468 130979 Sr Scholey 0468 387218

Table 1 – Staffing, locations and referral routes for the combined clinic.

have been more appropriate. Unless adequate information to define the diabetic problem is given, time will be lost and so may the point of the referral.

PRIMARY CARE CLINICS

Most practices now have a diabetic clinic and a practice nurse who is developing or who has developed an interest in this field. In order to build links with the practices, to help with education of staff and to supply a consistent and uniform message to patients, we would like to offer a joint clinic service once in a while. The aim would be to call together a number of patients who are having problems into a single clinic that the DSN would attend. In this way the patient would benefit from the DSN’s expertise whilst the practice nurse (and possibly other staff) would gain from joint discussion of the issues raised. We hope that this will prove a useful educational method, although it is not meant to

become either a service provision or a hospital clinic replacement. The frequency of these combined clinics will vary. GPs whose DSN has not mentioned this idea should discuss it with her.

NURSE-LED CLINICS

We are starting to look at the possibility of Margaret and Karen running nurse-led clinics. This would have a number of advantages: reducing travelling time for the DSN, increasing the time available to spend with the patient, meeting in a room with a more complete range of educational material and possibly the use of group meetings. Home visits will of course remain important, but hopefully will be reduced in number. The issues will be looked at over the next year or two and may eventually allow an element of a “drop-in” facility for the patients. Comments are welcome.

SPECIALIST SERVICE DEVELOPMENTS

The lead role for the development of services to children with diabetes and of the combined diabetic pregnancy clinic will be split. Margaret McCaskie will support the paediatric service, especially any changes since Dr Macgregor’s departure. Karen Scholey will lead the developments with obstetrics and educational input for the midwives (see article by Mr David Burch). Both sisters will, however, attend clinics in each speciality for the present. This will allow continuity of outpatient care within their areas as well as maintaining expertise to allow for cover during periods of leave.

EDUCATION

This is perhaps the most exciting area of the new staff appointments. The possibility of major improvements in education of patients, primary care staff and specialist departments with a closer liaison between us all must be realised. We have outlined some of the proposed mechanisms above. In addition, Margaret McCaskie will continue to coordinate the lecture programmes and talks to GP trainees at the Postgraduate Centre, Project 2000 at St Martin’s College and link nurses at the RLI. All schools and Social Services homes for the elderly are supported as the need arises. Karen Scholey will be undertaking an education programme with the midwives and maternity unit, and will assist Margaret as appropriate. Both Margaret and Karen will continue to be involved in the continued education of practice nurses at the study days organised by Morecambe Bay Health Authority, held in Grange-over-Sands. These and other courses need careful planning and provision to meet their requirements.