Diabetes Management

The role of nursing in diabetes care: a UK perspective

Debbie Hicks* speaks to Daphne Boulicault, Commissioning Editor: Debbie began in diabetes nursing in 1990, where she developed the Diabetes Specialist Nursing Service in Hull. In 2005, Debbie moved south to take up the post of Nurse Consultant – Diabetes, with the Enfield Community Services Diabetes Nursing team. Debbie has been involved in various national groups, such as Chair of the Diabetes Nursing Strategy Group, which in April 2005 developed and launched An Integrated Career and Competency Framework for Diabetes Nursing. She is a founder member of the UK Association of Diabetes Specialist Nurses and served as a committee member for the entirety of its standing (1997–2007). Debbie was one of the authors of the Consensus Document for Blood Glucose Monitoring in 2005, which is still widely used in the UK today. Debbie has had over 100 papers published in the UK, Italy, France and the USA and has presented papers in the UK, Europe, New Zealand, Israel, Switzerland and Southern Ireland. She is the Editor-in-Chief of the Journal of Diabetes Nursing. Debbie is Co-Chair of TREND-UK (Training, Research and Education for Nurses in Diabetes-UK), which was launched in January 2010. TREND-UK published the Third Edition of An Integrated Career and Competency Framework for Diabetes Nursing in February 2011 and the Recognition, Treatment and Prevention of Hypoglycaemia in the Community document in December 2011. In addition, Debbie is Chair of FIT UK (Forum for Injection Technique), and President of FIT Global which aims to encourage best practice in injection technique for all healthcare professionals and people with diabetes using injectable therapies to ensure optimum benefit from these medications. Debbie has taken this initiative to Canada, Ireland, Switzerland, South Africa and Norway so far. She won two National awards in 2013 for this initiative. Debbie still finds diabetes nursing challenging, stimulating and highly rewarding, even after 25 years.

Q Could you give us an overview on your career to date?

I began my general nurse training 1978 in Hull, qualifying in 1981. I decided very quickly that I did not want to work in a hospital, and went on to become a District Nurse. I left District Nursing in 1990 and took up the first Diabetes Specialist Nurse post in Hull. Over the next 15 years I built up a service with the aim of delivering diabetes care to patients across Hull. In 2005, I undertook a new challenge in taking up the position of Nurse Consultant in Enfield, North London, where I continue to work today.

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*Diabetes Enfield Community Services, Barnet, Enfield & Haringey Mental Health Trust, 308a Hertford Road, Edmonton, London, N9 7HD, UK

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Q What inspired you to specialize as a Diabetes Nurse Consultant?

As a person with Type 1 diabetes as well as a nurse, I recognized my potential value within the field of diabetes nursing. I believe that my personal experience of the condition and associated treatment regimens mean that I am potentially more effective in successfully supporting diabetes patients and, as a result, in fulfilling the additional leadership and training functions accompanying the role of Nurse Consultant in diabetes.

Q Have any colleagues, past or present, particularly influenced you & your work?

In 1995, I met three women on a trip to the USA, who quickly became my heroes in the field of diabetes nursing. Pat Clarke, a Diabetes Specialist Nurse from Nottingham, impressed upon me the importance of patient-centered care. Mary MacKinnon, a Diabetes Specialist Nurse from Sheffield, inspired me by her passion to support people with diabetes and finally Sue Cradock, a Diabetes Specialist Nurse from Portsmouth, taught me how to be a good leader and teacher and I am grateful to all of them.

Q What would you describe as the biggest achievement of your career?

Co-founding TREND-UK in 2010 is definitely something I consider an achievement. The idea was simple: bringing disparate nursing groups together in order to give all nurses working in diabetes care a stronger voice. It has since proved hugely successful and TREND-UK is accepted as a credible, professional group.

But ultimately, receiving feedback from patients whose lives I have positively affected is what I am most proud of and is what has motivated me throughout my career.

Q You have spoken in favor of the prefilled GLP-1 pen device (exenatide once weekly) recently released by AstraZeneca to replace the current vial & syringe delivery method. Can you tell us a bit more about the device & its advantages to patients?

The benefits afforded to patients by this new device really stem from the benefits the device brings to nurses. In the past, nurses found the vial and syringe dosing kit cumbersome, difficult and time consuming, which in turn affected their confidence in as far as demonstrating and explaining the procedure to their patients. The pen device form is one that nurses are much more familiar with. The 'twist action' means that the mixing procedure is much simpler, so that we now have a medication with proven efficacy paired with an extremely accessible device. As nurses become more comfortable with the procedure they will increasingly present it as an option for people with Type 2 diabetes. This will, in my opinion, lead to a higher number of patients opting-in for the once-weekly GLP-1 receptor agonist treatment.

Q Are there any other advances in diabetes treatment, recent or forthcoming, that you are excited about?

In my experience, the launch of SGLT-2 inhibitors has been extremely positive for people with Type 2 diabetes. It has allowed us, as healthcare providers, to offer our patients another oral therapy before having to discuss the use of an injectable therapy.

Q As a Nurse Consultant in diabetes, patient adherence must be something you have amassed clinical experience of. Would you describe this as a major obstacle to effective diabetes management? And, if so, how do you think we can overcome it?

Adherence is a challenge for all of those working in diabetes care. The problem, especially concerning people with Type 2 diabetes, is the number of medications that they need to take, not only for blood glucose control but for lowering blood pressure and lowering cholesterol. It is important, therefore, that the people with diabetes understand why they are taking each medication and how adherence to their treatment regimens will positively affect their health. I find that many people with Type 2 diabetes have little concept of the benefits of their prescribed medication, and are consequently not engaged in the self-management of their condition. It has become clear to me that engagement is the key here. We need to ensure that we provide patient-centered care including them in all treatment discussions and that they have full involvement in the decision-making process. I have found that when this is addressed, treatment changes proceed much more smoothly.

Q From your years in the National Health Service, how have you seen healthcare services change in the UK, in terms of providing adequate access for diabetes patients? What further work remains?

We have made huge strides forward regarding diabetes care delivery. When I myself was

first diagnosed, in the 1970s, there was more of a feeling that patients were expected to 'do as they were told,' and there was a real dearth of patient education and doctor–patient discussion. Now, the focus is not only on what the person with diabetes needs but on what actions the person is prepared to undertake, particularly regarding lifestyle changes and the doctor–patient relationship has evolved into more of a partnership.

The biggest challenge we face at the moment is the increasing number of people developing diabetes. It is crucial to encourage patients in the self-management of their disease so that the healthcare system in the UK and elsewhere, does not become overstretched. In general, attention toward physical activity and healthy eating would be a step in the right direction.

Another issue to address is that as the National Health Service increasingly encounters financial difficulties there seems to me to be a trend toward the use of older or cheaper medicines, within diabetes care at least. We seem to be losing our focus on the long-term complications of this approach, for example, hypoglycemia and weight gain. If we do not commit to the use long-lasting and effective treatments we are going to encounter further complications in the future. In essence, all of us within the field of diabetes must maintain that the true cost of diabetes care, not to mention poor patient outcomes, lies in untreated long-term complications.

Q As a Co-Chair of Training, Research & Education for Nurses in Diabetes – UK, how do you see the role of Diabetes Specialist Nurses progressing in the next 5–10 years?

With the numbers of people with diabetes on the increase, we are going to need a wider range of roles within diabetes care. Over the last few years, practice nurses have begun taking a more active role in diabetes management and healthcare assistants too have become more involved in the care of diabetes in different environments from residential homes to community settings. Following from this, I believe that Diabetes Specialist Nurses will begin to have a larger role in the management of complex cases such as those people who are struggling to adhere to their treatment regimens and lifestyle modification or those who have not come to terms with their diagnosis.

In addition, Diabetes Specialist Nurses have developed valuable skills in terms of education and I am sure they will have a role in the dissemination of these skills and knowledge to the wider healthcare community. Unfortunately, the numbers of Diabetes Specialist Nurses are in decline. A large number of Diabetes Specialist Nurses are now approaching retirement age. Going forward, it is essential that we think about succession planning so that their invaluable skill sets are not lost.

Disclaimer

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