

# DIABETES SPECIALIST NURSING 2016 WORKFORCE SURVEY

**A workforce in crisis**

**“ My diabetes nurse is fantastic, supportive, encouraging and just lovely. She has been a life saver. ”**

Comment on Diabetes UK Facebook page

**“ Nurses in this field are diminishing as the population of people with diabetes escalates. The maths is simple, but no one is doing the maths. ”**

Diabetes Specialist Nurse

**DiABETES UK**

## FOREWORD

I am the lead Diabetes Specialist Nurse (DSN) for inpatient care within my trust at Leicester and have a highly motivated team of DSNs who are passionate about delivering the best care possible for people with diabetes. But it is becoming ever more difficult to provide the service our patients need and deserve. Patient numbers are rising, yet we are struggling to fund and fill DSN posts.

I am saddened but not surprised to learn from this survey that so many DSNs across the UK are experiencing staff shortages and unmanageable workloads. The number of people with diabetes has increased by approximately 72% in little over a decade<sup>1</sup> and is expected to reach well over five million by 2025<sup>2</sup>. Yet Diabetes UK's survey shows that DSN posts are being cut or downgraded in many areas. As one respondent commented, 'the maths is simple – but no one is doing the maths'.

Every day I see the positive impact my team has, often against the odds, supporting people with diabetes to manage their condition, avoid complications and stay out of hospital.

Evidence shows that DSNs are cost effective, improve outcomes and are highly valued by both patients and clinicians. Yet in many areas our health system is neglecting this highly skilled workforce just when we need them most. If we are to rise to the challenge of increasing diabetes prevalence, we need urgent action at both a local and national level to tackle DSN workforce shortages. This must include robust succession planning to bring more nurses into diabetes specialist nursing, now and in the future.

It is not acceptable that almost four out of five DSNs are worried that their workload is having an impact on patient care or safety. No nurse wants to deliver anything but the best care possible, but we are pushing our DSN workforce to their limits.

To make matters worse, the survey tells us that almost 60% of DSNs are eligible to retire within ten years. Unless we bring more DSNs into the profession and support them to progress to senior specialist roles, workforce shortages look set to deteriorate further.

We must also address the problems many DSNs raised about inconsistencies in pay bandings, roles and career progression. Diabetes UK has long been calling for a national system to accredit the specialist skills of DSNs, benchmark standards across the UK and create clear career pathways from entry-level specialist through to senior roles. It is time to make this happen to ensure DSNs can continue to deliver essential care to people living with diabetes.



*H. Atkins*

### **Helen Atkins**

Lead Diabetes Specialist Nurse at University Hospitals of Leicester NHS Trust and Chair of Diabetes UK's Council of Healthcare Professionals

## KEY MESSAGES

### Increasing workload and staff cuts affect patient care

- The number of people living with diabetes in the UK has increased by 72% in little over a decade<sup>1</sup> and has now reached over 4.5 million<sup>3</sup>. One in six people occupying a hospital bed has diabetes<sup>4</sup>.
- Diabetes Specialist Nurses (DSNs) are key to meeting the health and care needs of people with diabetes, including by supporting effective self-management. DSNs reduce length of stay in hospital<sup>5,6</sup>, improve patient satisfaction<sup>7</sup> and are cost effective<sup>8</sup>.
- Our survey indicates a profound mismatch between the capacity of the DSN workforce and steadily rising demand for diabetes services. DSNs told us that their workload has increased significantly, both in terms of number of patients and the complexity of the care they provide. However, rather than increases to staff numbers, almost a third of respondents said that there have been cuts to DSN posts in their team over the past two years.
- These pressures appear to be compromising quality of care and even patient safety. Around four in ten respondents (39%) consider their current caseload unmanageable and 78% have concerns that their workload is having an impact on patient care and/or safety.
- Services are often relying on the goodwill and commitment of DSNs to compensate for capacity problems, with almost 90% of DSNs reporting that they work above their contracted hours.

### Workforce shortages and downgrading

- The survey suggests current and future shortages in the DSN workforce, growing difficulties in recruiting suitably skilled staff and a trend towards downgrading specialist posts.
- Around a third of respondents (32%) reported that there are currently unfilled DSN posts in their team. There appear to be particular difficulties in recruiting candidates to higher grades, suggesting that not enough nurses are being supported to attain the qualifications and experience necessary to progress to senior specialist roles.
- Almost one in four (23%) report downgrades to DSN posts in their team over the last two years – meaning that less qualified/experienced nurses are being recruited into specialist roles, with potentially serious implications for patient care.
- Without urgent action to develop a sustainable DSN workforce, these problems look set to get worse. Well over half of respondents (57%) will be eligible to retire from the profession within 10 years or fewer, up from 40% in 2010<sup>9</sup>. Over the same time period the number of people in the UK with diabetes is expected to increase by at least 700,000, taking the total number of people living with diabetes to 5.2 million by 2025<sup>2</sup>.



## Access to professional development restricted

- Access to continuous professional development is being restricted and funding requests denied for the majority of respondents. Over two thirds (68%) have experienced difficulties in getting time out for training and development in the past two years. Similarly, 66% have had difficulties in obtaining funding for training.

## The DSN role: diverse and complex

- DSNs provide complex diabetes care across a broad range of NHS settings. Respondents report working in secondary (59%), inpatient (32%), community (37%) and primary care (27%), with many working across a combination of these areas.
- The DSN role typically involves a high degree of autonomy and a range of responsibilities, including clinical care, patient education and training for other healthcare professionals.
- The DSN workforce tends to be highly experienced and well-qualified. Over half of respondents (57%) have over 11 years of experience in the role of DSN. Just under 60% have a diabetes diploma and around 40% have completed degree-level diabetes modules.

## Job satisfaction and good practice

- Job satisfaction remains high among most DSNs: around 70% of respondents said that they are satisfied or very satisfied with their role overall. This likely reflects a strong interest in and commitment to diabetes care among the DSN workforce; most respondents (85%) said that a strong interest in diabetes motivated them to specialise in this field.
- A number of respondents gave examples of good practice and innovation in their local area. Leadership, effective team work and networking with other DSNs were all highlighted as important to delivering high quality diabetes care.
- Respondents also highlighted encouraging examples of innovation and service improvement, demonstrating that the DSN's role in improving diabetes care is being valued and developed in some areas.



## RECOMMENDATIONS

**Diabetes Specialist Nurses (DSNs) are key to meeting the health and care needs of people with diabetes, as well as delivering a clinically and cost effective diabetes service across both community and hospital settings, and within new models of integrated care.**

**Commissioners and providers of diabetes care should work together to:**

- 1.** Map the number of DSNs required by the local population and deliver a workforce plan to ensure sufficient appropriately skilled DSNs are in post to meet the current and future needs of people with diabetes within integrated pathways and models of care. In England, this should form part of the development of new models of care and Sustainability and Transformation Plans.
- 2.** Urgently address DSN workforce shortages, including at higher bandings, in order to underpin safety and improve patient care.
- 3.** Involve DSN leaders in service improvement plans, listening to the concerns of DSNs locally and working with them to seek solutions and improve outcomes for people with diabetes.
- 4.** Share and seek out best practice when deploying and developing the local DSN workforce.

- 5.** Engage in ongoing succession planning to support more nurses to enter diabetes specialist nursing and to attain the qualifications and experience necessary to progress to senior specialist roles.

Ensure DSNs are allowed appropriate time for continuous professional development, using the TREND-UK career and competency framework<sup>10</sup> to identify individual development and training needs.

**National bodies responsible for workforce planning across the UK should work together to:**

- 1.** Develop a national accreditation framework and core job description for DSNs, establishing consistency within the role across the UK and enabling progression from entry-level specialist through to senior specialist roles. This should be based on the TREND-UK career and competency framework<sup>10</sup>.
- 2.** Develop a national workforce strategy to ensure there are sufficient appropriately skilled DSNs to meet the current and future needs of people with diabetes.
- 3.** Ensure all healthcare professionals who support people living with diabetes have diabetes competencies and skills relevant to their role.

## BACKGROUND

The number of people with diabetes in the UK is rising every year and is expected to reach 5.2 million by 2025<sup>2</sup>. One in six people occupying a hospital bed now has diabetes<sup>4</sup>.

Diabetes Specialist Nurses (DSNs) are key to meeting the health and care needs of people with diabetes, including by supporting effective self-management. Evidence shows that DSNs reduce length of stay in hospital<sup>5,6</sup>, improve patient satisfaction<sup>7</sup> and are cost effective<sup>8</sup>. However, as they are relatively more expensive than non-specialist staff, DSNs are vulnerable to cost-cutting measures in times of austerity.

A 2010 DSN workforce survey indicated rising numbers of DSN posts being left unfilled due to cost-saving measures and 40% of the workforce due to retire within the next ten years<sup>9</sup>. A subsequent snapshot survey in 2013 suggested a continuing trend towards DSNs posts remaining unfilled, as well as downgrading of existing DSN posts<sup>11</sup>.

This survey was launched to explore the state of diabetes specialist nursing in 2016, including what the DSN role involves and whether problems identified in previous surveys persist. It is hoped that the results will assist workforce planning and support much-needed work to create a standardised career framework for DSNs.

### What is a DSN?

DSNs are registered nurses who are clinical experts in diabetes and work exclusively in diabetes care. They are employed in a variety of hospital and community settings, including general practice and inpatient care. Most DSNs provide specialist care for people with diabetes, as well as training and support for other healthcare professionals involved in diabetes care. A DSN's clinical caseload might encompass adults or children with diabetes, or both.

Core competencies and standards for diabetes nursing have been set out by a DSN working group, TREND-UK (Training, Research and Education for Nurses in Diabetes)<sup>10</sup>. However, there is currently no national accreditation framework or title protection for DSNs, leading to variation in roles and credentials across the UK.

### About the survey

An online survey was carried out by Diabetes UK between March and June 2016. There were a total of 406 respondents, 256 based in England, 59 in Scotland, 50 in Northern Ireland, 34 in Wales and 7 unknown. It is estimated that there are around 1400 DSNs in the UK<sup>12</sup>, so the response rate represents an estimated 29% of the total DSN workforce.

The majority (84%) of respondents provide care for adults only, with around 9% working exclusively in paediatric care and 7% working with both adults and children.

The purpose of the survey was to collect responses from a sample of DSNs across the NHS in order to better understand the DSN workforce in 2016. It was initially piloted by a group of 15 DSNs and modified accordingly. The final survey was then promoted to DSNs through Diabetes UK's professional and DSN e-newsletters, at Diabetes UK's Professional Conference, at a variety of conferences for healthcare professionals and in a targeted email to DSNs<sup>13</sup>. It was also promoted by Novo Nordisk field representatives.

## RESULTS

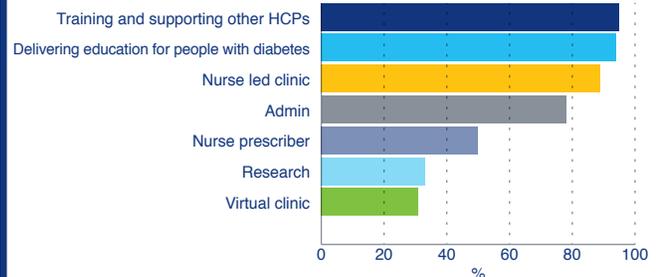
### THE DSN IN 2016: A DIVERSE AND COMPLEX ROLE

DSNs provide complex diabetes care across a broad range of NHS settings. Respondents report working in secondary (59%), inpatient (32%), community (37%) and primary care (27%), with many DSNs working across a combination of these areas. Around a third (29%) are based solely in community and/or primary care, while just under half (47%) work in secondary and/or inpatient care only.

The DSN role typically involves a high degree of autonomy and a range of responsibilities, including clinical care, patient and professional education. Almost all respondents (99%) said that they have a lot or some autonomy in their role, with 89% delivering nurse-led clinics, around half trained as nurse prescribers and a quarter providing professional leadership in the role of lead nurse. DSNs also play a key role in supporting people to self-manage their condition, with 92% responsible for delivering self-management education to people with diabetes.

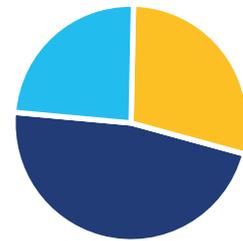
As diabetes specialists, over 90% of DSNs provide diabetes training and support for other healthcare professionals. Around a third are also involved in research.

#### What responsibilities does your role involve?



#### Place of work

- Community and/or primary care only
- Secondary and/or inpatient care only
- Combination/other



Almost 65% of respondents work full-time, with just over a third (34%) working part-time.

There is currently no national accreditation system for diabetes specialist nursing, leading to variation in roles and titles around the UK. Nevertheless, a majority of respondents (87%) had the job title DSN or similar. A small minority (2%) had the title Advanced Nurse Practitioner and 1% were Nurse Consultants in diabetes. There were over 20 other job titles mentioned – including Diabetes Education Nurse Facilitator, Diabetes Nurse, Diabetes Sister and Long-term Condition Specialist Nurse (Diabetes) – suggesting scope for further standardisation of the DSN role.

## INCREASING WORKLOAD AND STAFF CUTS AFFECT PATIENT CARE

The survey shows a highly-committed workforce under immense pressure as demand for diabetes services rises without a corresponding increase in DSN numbers.

It appears that services are often relying on the goodwill and commitment of DSNs to compensate for capacity problems. Almost 90% of DSNs report working above their contracted hours, with one in four working in excess of five hours overtime every week. A quarter of DSNs have seen their working hours increase over the past two years, while several respondents said that their contracted hours have remained the same but they are working unpaid overtime to ensure good patient care.

“Caseload and workload has increased but time given to do this has not, so I work a lot of unpaid hours to be able to complete core work.”

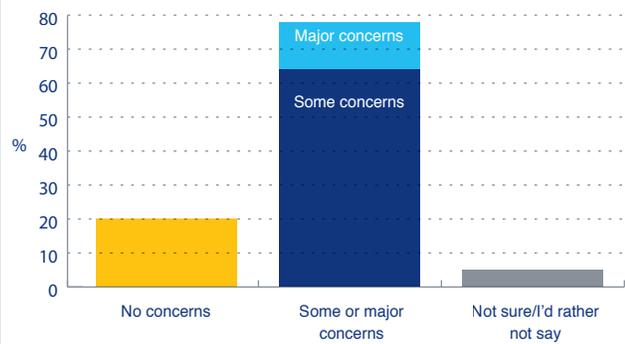
“Work frequently over the allocated hours in order to maintain patient safety and meet other deadlines.”

**Alarming, around four in ten respondents (39%) consider their current caseload unmanageable and 78% have concerns that their workload is having an impact on patient care and/or safety.**

Many DSNs told us that their caseload has increased both in terms of number of patients and the complexity of the care they provide.

“Patients admitted to hospital have increasingly more complex needs, making diabetes management more complex. Patients are noticeably frailer with more co-morbidities in past two years. Average age of inpatients in this hospital is 82 years. Increasing numbers of people with diabetes.”

Do you have any concerns that your current workload is having an impact on patient care and/or safety?



Yet it appears that DSN workforce numbers have not kept pace with increasing diabetes prevalence and complexity. **Almost a third of respondents (29%) said that there have been cuts to DSN posts in their team over the past two years, suggesting that financial pressures in the NHS are having a tangible impact on diabetes care and safety.**

As a result, many DSNs are concerned that they simply do not have enough time or support to meet the needs of their patients, with several stating that the stress they are under is affecting their own wellbeing.

“Not able to give the care I would like to give. Worried about ‘losing’ clients within the system because I am not able to monitor them. My work is prioritised in seeing those in acute need but I worry for those ‘hard to reach’ clients that need reviews because I am not always able to provide this service. We need help.”

“I am so busy I worry about making a mistake, especially as I am a nurse prescriber”

“DSN staffing is an ongoing risk but financial pressures limit the employment of staff.”

“Patient safety is maintained at a cost to myself. This is seen in me working overtime and stress in trying to manage my caseload”



“I cover a huge demographic area, very rural, and there is only me – no other community DSN to support my caseload.”

“I absolutely love my job, this is the role I have always aspired to and I have achieved, but I am tired and fed-up that we have very little resources or support, which is frustrating when there is so much potential.”

“Due to increasing numbers and staff shortages difficult to keep on top of workload and ensure patients are receiving appropriate care”

“Stress levels are at this time unmanageable and predicted to get worse. Worry about how the service will manage with the increasing number of patients needing our support.”

Some respondents also expressed frustration that their workload prevents them from engaging in planning, training and service improvement, therefore stifling innovation.

“Constantly crisis managing. No time to plan delivery or progress service”

“There is never enough time to develop the service how I would really like to develop it, but we try our best and try to go above and beyond to provide a good and safe service.”

“Not enough time to prepare for and deliver health care professional staff training.”

“A lot of the time we are pressurised with the sheer number of inpatient referrals in particular. Most of my time is taken with clinical duties. Feel I have little time for things like audit or reflection or managing my staff.”

## WORKFORCE SHORTAGES AND DOWNGRADING

Against a backdrop of rising demand for diabetes services, the survey suggests worrying shortages in the current and future DSN workforce, growing difficulties in recruiting suitably skilled staff and a trend towards downgrading specialist posts.

**Around a third of respondents (32%) reported that there are currently unfilled DSN posts in their team, indicating significant difficulties with recruitment.** Qualitative analysis indicates particular difficulties in recruiting candidates to higher grades, suggesting that not enough nurses are being supported to attain the qualifications and experience necessary to progress to senior specialist roles.

“Difficult to recruit post vacant for 6 months.”

“When advertising for a band 7 DSN there are not many nurses with the experience/ qualifications to fill the post.”

“No cuts but waiting for a part-time post to be filled for at least 12 months.”

“Posts at higher banding have been unable to be filled.”

“We are without a band 7 due to unsuccessful recruitment. We have temporarily filled this post with a seconded band 6.”

There is also a worrying trend towards downgrading DSN posts, i.e. re-banding posts at a lower pay grade and thereby recruiting less qualified/experienced nurses into specialist roles. **Almost one in four (23%) report downgrades to DSN posts in their team over the last two years.** It is likely that this is largely a cost-saving exercise by providers under financial pressure, a short-termist strategy that risks diluting the specialist skills and seniority of the DSN workforce – with potentially serious implications for patient care.



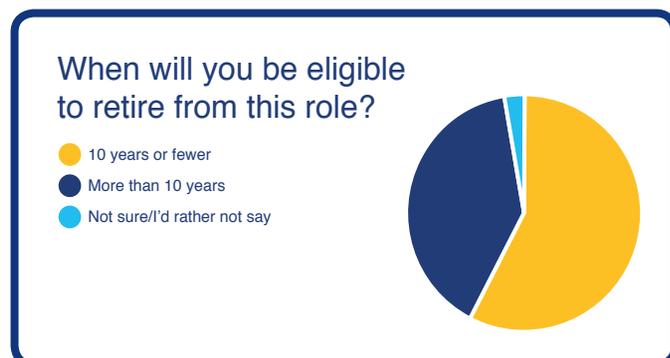
“Trust are in the processes of looking at specialist nurses roles. Unsure of impact but we have been informed if a team member leaves they will not be replaced at the same grade.”

“We are currently going through service restructure. The band 7 posts are being reduced dramatically.”

“DSN posts are being advertised & recruited at lower bands – now bands 5 and 6. I am currently on secondment to CCG on previous band 7 contract, my hours have not been back-filled by Foundation Trust. Now also using DSNs to cover ward work/ hospital staffing shortages etc.”

“Downgrading of highly skilled, higher level of working professionals will not lead to a better service. I worry about it. I fear for service patients will receive in the future.”

Unless urgent action is taken to recruit and develop more DSNs, including to senior grades, workforce shortages are likely to worsen in coming years. **Well over half of respondents (57%) will be eligible to retire from the profession within 10 years or fewer, up from 40% in 2010<sup>9</sup>. Over the same time period the number of people in the UK with diabetes is expected to increase by at least 700,000, taking the total number of people living with diabetes to 5.2 million by 2025<sup>2</sup>.**



Of those DSNs eligible to retire in the next 10 years, 76% are from more senior pay bandings (7, 8a-d), suggesting that recruitment difficulties for more senior roles will worsen unless more DSNs are supported to progress to higher grades. Unsurprisingly, concerns about succession planning were raised by some respondents.

“My successor is already struggling and will do so further when I retire fully. There is no plan as yet to replace my hours when I go.”

“We are not in a position to employ some junior staff to ‘grow our own future DSNs’ so in time there will be quite a gap in the profession. When I started a few years ago we had 5 DSNs now we have 2.6. Nurses in this field are diminishing as the population of people with diabetes escalates. The maths is simple, but no one is doing the maths.”

“Work load is increasing all of the time. Three nurses due to retire next year, succession planning discussed with management over and over again, no action as there is no money.”

## QUALIFICATIONS AND EXPERIENCE

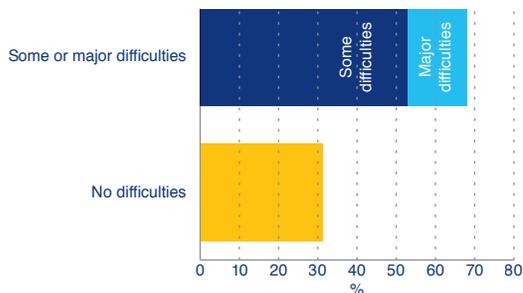
The DSN workforce tends to be highly experienced and well-qualified. Over half of respondents (57%) have over 11 years of experience in the role of DSN and a further 21% between six and 10 years.

Just under 60% have a diabetes diploma and around 40% have completed degree-level diabetes modules. Nevertheless, there remain relatively few DSNs with more advanced qualifications, with only 11% having completed a diabetes-related masters. Worryingly, a majority of respondents mentioned problems obtaining leave and/or funding for further training and professional development (see page 11).

## ACCESS TO PROFESSIONAL DEVELOPMENT RESTRICTED

Given the varied and complex responsibilities associated with the DSN role, it is worrying that access to training leave is being restricted and funding requests denied. Over two thirds (68%) of respondents have experienced difficulties in getting time out for training and development in the past two years. Similarly, 66% have had difficulties in obtaining funding for training.

**In the last two years have you experienced any difficulties in getting time out for training and personal development?**



As a result, several respondents mentioned using their own time or annual leave to undertake training and professional development.

“Any professional development has to be done in my own time or in evenings as not released from clinical time to attend.”

“I do not feel I have been given the opportunity to develop and gain the relevant qualifications to justify my role. As a lead nurse I feel I should be working towards my degree at least, possibly even a masters.”

“Due to workload and problems within the trust I have faced problems with professional development and undertake these in my own time or through annual leave days.”

## JOB SATISFACTION AND PAY

Despite the pressure that many DSNs are under, around 70% of respondents said that they are satisfied or very satisfied with their role overall. This likely reflects a strong interest in and commitment to diabetes care among the DSN workforce. Most respondents (85%) said that a strong interest in diabetes motivated them to specialise in this field, with over a third (37%) citing a previous personal or professional connection to diabetes.

Satisfaction with pay is much more variable: around 39% say they are satisfied with their current pay, while a similar proportion (36%) are unsatisfied.

With regards to pay banding, the majority (57%) are working at Agenda for Change band 7. Around a third (32%) are working at band 6, with a minority (9%) at band 8 (including 8a-d). Fewer than 1% are at band 5.

Perhaps unsurprisingly, those in higher bands are more likely to be satisfied with their pay: 68% of those at bands 8a-d said they were satisfied, compared with 23% at band 6.

Respondents were given the option to comment further about their pay. Of those that responded (65 in total), around a third said they did not feel that their pay adequately reflects the skills and qualifications they bring to the role. Concern about inconsistencies in pay grades both within teams and across different employers was also a recurring theme.

“I have been working as a band 6 for 18 years. There is no opportunity to go forward with my current post. I carry the roles and responsibilities of a Band 7 however. This is exceptionally demoralising and undermining.”



“Due to workload of community diabetes nurses I am taking on primary care diabetes management despite being an inpatient diabetes nurse practitioner. I am employed as a band 6 diabetes nurse practitioner despite undertaking roles of a band 7 diabetes nurse specialist.”

“Could move to a DSN post 10 miles from my work and automatically move up a grade as banding different for same work.”

A few respondents said that they were satisfied with their pay, but not with their workload. Others felt that they had reached, or would soon reach, the top of their pay band and saw no opportunities to progress further.

“I love my role & feel the pay is satisfactory – it is the lack of time with the number of patients that is the problem. We need more staff but that is unlikely to happen given the huge financial pressure the Trust is under.”

“Satisfied at present, but no higher band available to work towards in the future.”

Encouragingly, there were a few positive accounts of DSNs moving up the pay structure, suggesting that career progression in the DSN role is supported in some areas.

“Had been in band 6 for seven years - appealed and got upgraded to Band 7 five years ago.”

“Our trust have acknowledged our roles, responsibilities and experience and recently I have been upgraded.”

## EXAMPLES OF GOOD PRACTICE

While the survey indicated clear problems facing the DSN workforce, particularly in terms of workload and staff shortages, feedback was by no means consistently negative. As discussed above, job satisfaction remains high among most DSNs and a number of respondents gave examples of good practice and innovation in their local area.

Leadership, effective team work and networking with other DSNs were all highlighted as important to delivering high quality diabetes care.

“My lead nurse has many years experience and has been very supportive, taught me lots and has always made me feel that we are equal partners in this. Our trust also acknowledges the work we put in to deliver the appropriate care.”

“Locally held four monthly DSN group – supportive and educational.”

“On the whole, I am fortunate to work with very committed and professional colleagues, with excellent support from the wider MDT which is essential for high quality diabetes care ... I have unfortunately witnessed and experienced areas where DSNs in particular do not have the specialist managerial or clinical support and therefore seem to really struggle to implement changes or change practice.”

“I feel fortunate to work in a Trust that is supportive despite financial pressures. As a team we work well together and take on new challenges as they arise.”





Some respondents highlighted encouraging examples of innovation and service improvement, demonstrating that the DSN's role in improving diabetes care is being valued and developed in some areas.

“I am in a very fortunate place at present as part of a new community service that has been set up ... This is based on the ‘super six model’ in Portsmouth. We are being encouraged to adopt a more non medical model & trying to engage with hard to reach groups of patients. Large part of the role is doing joint clinics with practice nurses to up skill & provide better care within the community.”

“Certainly in Wales we are seeing the value of DSN roles, especially as localities seek to build resilience into their chronic conditions management. Increasingly GP clusters and Primary Care investments are being targeted towards more DSN provision.”

“Lucky enough to implement new initiatives for service e.g. app for patients, pilot site for Going Forward with Diabetes Desmond programme, Hypo pathway and strong working relationships with Health Innovation Network.”



## DISCUSSION

Diabetes specialist nursing is in crisis. More people in the UK have diabetes than ever before, and we know that access to DSNs has a huge impact on quality of life and clinical outcomes for people living with diabetes. However, our survey indicates a profound mismatch between the capacity of the DSN workforce and steadily rising demand for diabetes services.

DSNs told us that their workload has increased significantly, both in terms of number of patients and the complexity of the care they provide. However, rather than increases to staff numbers, almost a third of respondents said that there have been cuts to DSN posts in their team over the past two years. Others reported growing problems in recruiting suitably qualified staff.

It is extremely worrying that a majority of respondents believe these pressures are having an impact on patient care and even safety. Many told us that they simply do not have enough time or support to meet the needs of their patients. A majority are experiencing problems accessing professional development.

Without urgent action to develop a sustainable DSN workforce these problems will only get worse, with well over half of respondents eligible to retire from the profession within the next 10 years.

A further deterioration in DSN numbers could have serious consequences for the health and wellbeing of millions of people living with diabetes. This would have clear implications for the wider health and care system, costing the NHS more in unnecessary diabetes-related complications and reducing essential specialist diabetes support for already over-stretched healthcare professionals in primary care.

There is much positive work going on across the UK to develop new integrated models of care to better meet the needs of people living with long-term conditions, including diabetes. System leaders must recognise that a sustainable DSN workforce is crucial to the success of these new care models.

Our survey shows a committed workforce struggling to provide the care people with diabetes need and deserve. The current state of diabetes specialist nursing is not sustainable. It is time to take action to ensure that patient care and safety is not compromised now or in the future.

*Diabetes UK's recommendations for securing a sustainable DSN workforce are set out on page 5.*

*Diabetes UK is committed to all ongoing work to improve the DSN workforce through collaborative work with key stakeholders.*

## REFERENCES

1. NHS Digital, formerly Health and Social Care Information Centre (2005 and 2016). *Quality and Outcomes Framework*. Increase calculated by comparing the number of people in the UK registered as having diabetes through the Quality and Outcomes Framework (GP payment scheme) in 2004–05 and 2015–16.
2. Public Health England (2016). *Diabetes Prevalence Model* [source of England prevalence figures]; Public Health England (2012). *Public Health England and APHO Diabetes Prevalence Model* [source of prevalence figures for other UK nations]
3. This figure was worked out using the diagnosed figure from the 2015–16 Quality and Outcomes Framework (NHS Digital, formerly Health and Social Care Information Centre), the 2016 Diabetes Prevalence Model and the 2012 AHPO diabetes prevalence model (Public Health England). A figure for Northern Ireland was not predicted by the AHPO model, so undiagnosed prevalence for Northern Ireland was extrapolated based on the undiagnosed figure for Scotland.
4. NHS Digital, formerly Health and Social Care Information Centre (2016). *National Diabetes Inpatient Audit 2015 – National Report*
5. Davies M, Dixon S, Currie CJ et al (2001). Evaluation of a hospital diabetes specialist nursing service: a randomised controlled trial. *Diabetic Medicine* 18; 301–307
6. Sampson MJ, Crowle T, Dhatariya K et al (2006). Trends in bed occupancy for inpatients with diabetes before and after the introduction of a diabetes inpatient specialist nurse service. *Diabetic Medicine* 23 (9); 1008–1015
7. Rutter CL, Jones C, Dhatariya KK et al (2013). Determining in-patient diabetes treatment satisfaction in the UK – The DIPsat study. *Diabetic Medicine* 30 (6); 731–738
8. Arts EE, Landewe-Cleuren SA, Schaper NC et al (2012). The cost-effectiveness of substituting physicians with diabetes nurse specialists: a randomised controlled trial with 2-year follow-up. *Journal of Advanced Nursing* 68; 1224–34
9. Diabetes UK and NHS Diabetes (2010). *DSN workforce audit 2010*
10. TREND-UK (2015). *An Integrated Career and Competency Framework for Diabetes Nursing (4th edition)*
11. Diabetes UK (2014). *Diabetes Specialist Nurses: Improving Patient Outcomes and Reducing Costs*
12. Gosden C, James J, Anderson U et al (2010). UK workforce survey of DSNs and nurse consultants: Update. *Journal of Diabetes Nursing* 14 (7); 250–257
13. The email was sent to a total of 5022 people – 1,377 were Diabetes UK DSN contacts and 3,645 were specialist nurses (in any speciality) from Binley’s database of NHS Specialist Nurses.

This was a Diabetes UK project in collaboration with Novo Nordisk, who provided support and funding.



**DiABETES UK**

