In 2001 the National Service Framework (NSF) for diabetes was published in the form of a standards document (Department of Health [DH], 2001). Within it, the DH set out a 10-year plan of change to deliver world-class care and support for people with diabetes. Twelve standards were outlined (http://tinyurl.com/2wbf2m), and two critical diabetes-specific indicators were given for eye screening and registers in the early stages of delivery, by which PCTs would be measured in the year 2013.

In 2003 the DH published the NSF for diabetes delivery strategy, stating: “The only way this better care and support can be delivered is through the development of the clinical practice of staff throughout the country”. The delivery strategy (DH, 2003) aimed to give a framework on how this can be achieved, and a number of key elements were proposed:

- Setting up a local diabetes network, or similarly robust mechanism, which involves identifying local leaders and appointing and resourcing network managers, clinical champions and people with diabetes to champion the views of local people.
- Reviewing the local baseline assessment, establishing and promulgating local implementation arrangements with a trajectory to reach the standards.
- Participating in comparative local and national audit.
- Undertaking a local workforce skills profile of staff involved in the care of people with diabetes and developing education and training programmes with the local Workforce Development Confederation.

The delivery strategy suggested that each PCT should aim to provide: information, appropriate psychological support and the opportunity to participate in structured (usually group) education to people diagnosed with diabetes after April 2003; an agreed care plan, a personal diabetes record and named contact within the local service to all people diagnosed with diabetes after April 2003, along with people with poor blood glucose control (HbA1c level >7.5% [>58 mmol/mol]).

Six years on

In February 2010, Six Years On: Delivering the Diabetes National Service Framework (DH, 2010) was published. This document outlines the progress that has been made in achieving the targets outlined in the NSF for diabetes, highlighting that positive progress is being made in all 12 standards.

Care delivery is improving; the Quality and Outcomes Framework process is ensuring that people with diabetes are receiving regular care – although the quality of this care is still open to debate. In addition, care planning is taking place, with information from national surveys, such as the GP Patient Survey (www.gp-patient.co.uk), suggesting that 60% of people with a long-term condition in England have reported that they have an agreed care plan (DH, 2010) – the aim is to reach 100%. Moreover, for the first time we now know exactly how many children and young people have diabetes in England (Royal College of Paediatrics and Child Health, 2009).

NHS Diabetes, the organisation charged with ensuring the delivery of the NSF for diabetes, has supported the Joint British Diabetes Societies in developing of a range of inpatient diabetes management best practice guidelines for ketoacidosis, hypoglycaemia and perioperative care (available at: http://tinyurl.com/ocstswq). To ensure that all this good work continues, NHS Diabetes is now well equipped for its role. There is a Regional Programme Manager in each Strategic Health Authority region facilitating two-way communication and providing support and encouragement for local trusts to enable them to achieve the standards expected within the NSF for diabetes.

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