find it hard to believe but the National Service Framework (NSF) for diabetes is now one year old. I recall reassuring my colleagues that the implementation period was ten years and that we had time to instigate the measures needed. However, given the speed with which the last year has passed, I now find myself experiencing a vague sense of mild panic. There still seems to be so much to do and nine years, at this point in time, does not feel very far off!

On further reflection, though, it is useful to review the last year (if only to reassure ourselves that progress has indeed been made); this has been done on a national level by Sue Roberts, the National Clinical Director for Diabetes, in a recently published document (DoH, 2004). This provides, among other things, a useful summary of the evolution of national initiatives and a general description of how the organisational changes at local levels are progressing. It could be used by individual localities to compare with their own achievements. There are also contact details to enable individuals or diabetes networks to access further information, for instance about diabetes education programmes.

In addition, there is some information about the National Diabetes Support Team (NDST), which has been set up to help support local healthcare organisations and individuals achieve the aims of the NHS Modernisation Agency in improving patient services. One of its goals of is to share good practice and most of us will have seen the newsletters the NDST have disseminated with recommendations for good practice, e.g. in relation to blood glucose monitoring and sharps disposal.

Sue Roberts concludes that the national programmes to support the NSF delivery have been put in place and some results are beginning to be delivered. Locally, however, the pace of change is variable.

Most diabetes nurses will be involved with these local groups and, as well as considering what has occurred on a national basis over the last year, they may also think it an appropriate time to ponder their own achievements over this period, both as members of these groups and as individuals.

Many of us will be involved in our local diabetes networks, contributing to and perhaps leading working parties on various projects, such as patient-held records or workforce skills profiles. Perhaps we are involved in DAFNE or DESMOND education groups or other patient education initiatives. Although it can seem that progress is not as fast as we would like, it is often helpful to reflect on what has been achieved, especially as developments usually occur in the context of existing commitments and an ever-increasing clinical workload.

In addition to being aware of national NSF work and being involved in local diabetes networks, most diabetes specialist nurses are also involved in some way with other national groups, such as Diabetes UK and nursing organisations.

The work of national diabetes nursing groups

The work of the several national diabetes nursing groups in existence is both substantial and varied, and information about these projects can be gleaned from the LINK pages of this journal (e.g. pp156-7 in this issue). Examples of work relevant to the NSF that spring to mind include the RCN Diabetes Nursing Forum’s endeavours to improve the sharps disposal situation and the development of the diabetes nursing competence framework undertaken by a joint group. Even if individuals have no active involvement with this work, merely keeping up with its progress is an achievement in itself!

Although there is obviously a long way to go with the NSF, there have been many developments over the past year and I anticipate the accomplishments becoming more visible now the underpinnings are in place. The rate of change is also likely to speed up. On a personal note, one of my biggest hopes is that the next year goes a little less rapidly than the last one!