

Evaluation of the acceptability and perceived impact of the Clinical Nurse Specialist (Diabetes Integrated Care) service among health professionals in primary and secondary care.

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Introduction

- ❖ To meet the increasing health care needs of people with diabetes, many healthcare professionals roles are being redefined(1).
- ❖ The introduction of integrated models of care has resulted in the development of the Clinical Nurse Specialist (Diabetes Integrated Care) role, involving coordination and education of other care-providers, insulin titration and prescribing(2) and education of people with diabetes in primary care (3,4).
- ❖ The CNS plays a central role in the reorientation of Type 2 diabetes care from secondary care to primary care.

Aim

To evaluate the acceptability and perceived impact of the DNS service among health professionals in primary and secondary care.

Methods

Design: A qualitative study was conducted involving focus groups and one-to-one semi-structured interviews.

Sample: A purposive sample was selected from practices enrolled in the Diabetes in General Practice Initiative (DiGP) with access to CNS (Diabetes) service or on the basis of working with the CNS in secondary care. Focus groups were conducted with Practice Nurses (PNs, N=10) and General Practitioners (GPs, N=10). Semi-structured interviews were conducted with a CNS Diabetes(N=1), Consultant Endocrinologist (N=1), and Advanced Nurse practitioner (N=1).

Data Collection: Topic guides for interviews and focus groups addressed the following topics in relation to CNS service: referral process, communication, pathways for information, role, impact on patient care, education, strengths/weaknesses and ways to improve the service.

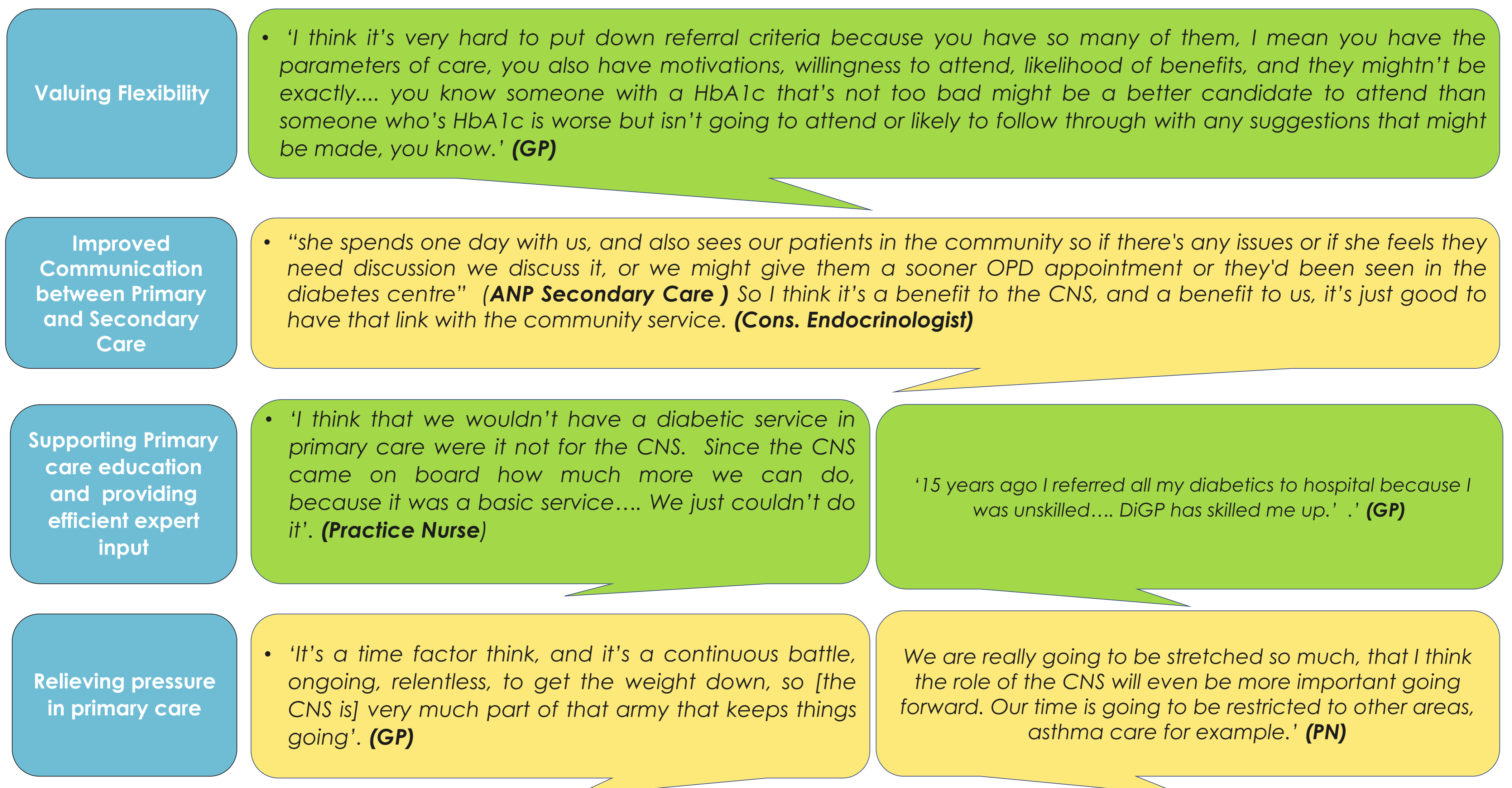
Analysis: Following transcription, the data was analysed using a Framework approach. Codes were generated based on the predetermined topics and also inductively from the data collected.

Results

Two focus groups and three semi-structured interviews were conducted (see **Figure 1**).

- ❖ Participants valued the flexibility of the CNS service; although formal referral criteria existed, more often GPs made a judgement on a case-by-case basis.
- ❖ The CNS served as a link between primary and secondary care. In the absence of shared patient information systems, and formal integrated care the CNS has increased communication across the care settings.
- ❖ The CNS acted as an expert, observable example of the skills required for diabetes management. CNS services enabled efficient prescribing and case management which has resulted in upskilling primary care to manage more complex care in the Community.
- ❖ Participants in primary care felt they had insufficient time for comprehensive diabetes management and couldn't commit significant resources to one condition. The participants highlighted their increasing reliance on the CNS service.

Figure 1: Acceptability & Perceived Impact



Conclusion

Participants valued flexible and continuous access to expertise, education and coordination across settings. There is a high degree of trust and confidence in the CNS (Diabetes) service. This is vital given that this is a relatively new role in Ireland, the constantly changing landscape of diabetes management and increasing reliance on the CNS service. Increases in CNS provision and independent prescribing are desirable in community settings.

References

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