Please find below the results of your literature search request.

If you would like the full text of any of the abstracts included, or would like a further search completed on this topic, please let us know.

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Thank you

**Literature search results**

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**Search details**

Diabetes Nurse Specialist. Their role with in-patients, and any general details of DNS role within last four years in UK.

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; AMED; BNI; CINAHL; EMBASE; HMIC; Health Business Elite; MEDLINE; PsychINFO; Google Scholar; Google Advanced Search

**Database search terms:**

**Evidence search string(s):**

**Google search string(s):**

**Summary**

I have searched CINAHL and BNI only at this initial stage. There are 28 articles which look as though they will give general background information for a nurse moving into this area of work. A further search can/will be conducted if requested.

I have included a few articles which are not related to in-patient care, but which look as though they give some useful background information, e.g.article 3.

**Guidelines and Policy**
### Evidence-based reviews

**Cochrane Review**

**Specialist nurses in diabetes mellitus, 2009**


The patient with diabetes has many different learning needs relating to diet, monitoring, and treatments. In many health care systems specialist nurses provide much of these needs, usually aiming to empower patients to self-manage their diabetes. The present review aims to assess the effects of the involvement of specialist nurse care on outcomes for people with diabetes, compared to usual care in hospital clinics or primary care with no input from specialist nurses.

Objectives: To assess the effects of diabetes specialist nurses / nurse case manager in diabetes on the metabolic control of patients with type 1 and type 2 diabetes mellitus.

### Published research – Databases

1. **The ever-changing role of the diabetes specialist research nurse.**
   
   **Citation:** Journal of Diabetes Nursing, 01 January 2014, vol./is. 18/1(37-37), 13681109
   
   **Author(s):** Brearley, Shona
   
   **Publication Type:** journal article
   
   **Source:** CINAHL

2. **Role of the diabetes inpatient specialist nurse in preventing hospital admission from A&E.**
   
   **Citation:** Journal of Diabetes Nursing, 01 February 2012, vol./is. 16/2(57-61), 13681109
   
   **Author(s):** Mahaffey, Kate; Stanisstreet, Debbie; Ford, Margaret; Chapman, Linda; Summerhayes, Bev; Brown, Sabrina; George, Stella; Winocour, Peter
   
   **Abstract:** People with diabetes are admitted to hospital twice as often as those without the condition, and once admitted stay twice as long and can occupy 20% of hospital beds. If people with diabetes had an early review in A&E by the diabetes inpatient specialist nurse, some of these hospital admissions could be prevented. This study identified which people with diabetes attending A&E were suitable to treat and discharge home without hospital admission. A&E staff were asked to refer all patients admitted with diabetes during regular working hours to the diabetes inpatient specialist nurse. Over 3.5 years, 104 people were seen and sent home, where they continued their diabetes care safely in an outpatient setting. Prevention of admission of a sizeable number of cases with diabetes is feasible and safe. This service effectively saved £35 000 over this time through reduced bed occupancy and provided patient-focused care.
   
   **Publication Type:** journal article
   
   **Source:** CINAHL

3. **Starting out: STUDENT EXPERIENCES IN THE REAL WORLD OF NURSING. SOMETIMES WE NEED TO LOOK AFTER THE FAMILY AS WELL AS THE PATIENT.**
   
   **Citation:** Nursing Standard, 05 October 2011, vol./is. 26/5(28-28), 00296570
   
   **Author(s):** Taylor, Diane
   
   **Abstract:** A nurse’s role is not only about caring for patients, but about caring for their families too. This became clear to me when I spent the day with a community-based diabetes nurse specialist.
   
   **Publication Type:** journal article
   
   **Source:** CINAHL
   
   Available from EBSCOhost in Nursing Standard

4. **Diabetes specialist nursing in the UK: the judgement call? A review of existing literature.**
   
   **Citation:** European Diabetes Nursing, 01 September 2011, vol./is. 8/3(108-), 15517853
   
   **Author(s):** James, J
   
   **Abstract:** The role of the diabetes specialist nurse (DSN) has evolved since its inception over 70 years ago. Now, 1363 DSNs work in the UK, in various health care settings. The
need to work within a culture of evidence-based practice and clinical and cost effectiveness, along with a perceived lack of evidence within diabetes specialist nursing, has prompted investigation into the role and efficacy of UK-based DSNs. This review discusses the workforce demographics of DSNs employed in the UK, the evolving specialist nurse role and the clinical and cost effectiveness of specialist nursing. The DSNs' roles and workforce issues were assessed using existing surveys and reports. Clinical and cost effectiveness of DSNs were explored using a systematic literature review. This article is based on the Janet Kinson Lecture given at the 2010 Diabetes UK Annual Professional Conference in Liverpool, which gave an overview of specialist nursing, current literature supporting DSN practice and insights into challenges facing the profession in the current NHS culture of efficiency savings. Copyright © 2011 FEND. Published by John Wiley & Sons, Ltd.

**Publication Type:** journal article  
**Source:** CINAHL  
**Full Text:** Available from EBSCOhost in European Diabetes Nursing

5. **Development of a diabetes nursing competency framework.**  
**Citation:** Nurse Prescribing, 01 September 2011, vol./is. 9/9(453-457), 14799189  
**Author(s):** Hill, Jill  
**Abstract:** This article describes the development of a dynamic document detailing a competency framework for nurses and unregistered practitioners working with people with diabetes in a variety of health care settings. The first competency framework was produced by the now defunct UK Association of Diabetes Specialist Nurses in 2005. In response to feedback from diabetes nurses, against a background of major changes in the way diabetes care is being delivered, the document has been revised twice to incorporate additional competency topics to reflect the evolving role of the diabetes nurse.  
**Publication Type:** journal article  
**Source:** CINAHL  
**Full Text:** Available from EBSCOhost in Nurse Prescribing

6. **An indispensible role.**  
**Citation:** Nursing Standard, 27 July 2011, vol./is. 25/47(23-23), 00296570  
**Author(s):** Sadler, Catharine  
**Abstract:** A sharp rise in unfilled diabetes nurse specialist posts will lead to more patients losing their sight, having lower limbs amputated and experiencing poor health, warns Diabetes UK.  
**Publication Type:** journal article  
**Source:** CINAHL  
**Full Text:** Available from EBSCOhost in Nursing Standard

7. **Developmental phases and factors influencing role development in diabetes specialist nurses: a UK study.**  
**Citation:** European Diabetes Nursing, 01 March 2011, vol./is. 8/1(18-24), 15517853  
**Author(s):** Llahana, Sv; Hamric, Ab  
**Abstract:** This paper is a report of a nationwide study of diabetes specialist nurses (DSNs) which explored experiences engendered during their role development and factors influencing this process. The role of the clinical nurse specialists, including that of the DSN, has been described as advanced, flexible and multifaceted. They experience a role development process before being able to function with maximum effectiveness, although limited work exists in the literature which explores this process. The study was underpinned by Hamric and Taylor's role development model which includes seven phases: orientation, frustration, implementation, integration, frozen, reorganisation, and complacent. A postal questionnaire combining quantitative and qualitative approaches was sent to 653 DSNs working in Great Britain. The response rate was 51% (n=334). Quantitative data were analysed using the SPSS statistical package and qualitative data were analysed using content analysis. Respondents reported positive and negative experiences engendered during their role development. An additional phase, transition, emerged from respondents' comments and reflected experiences of expert DSNs moving to a different post. Barriers and facilitators to role development were also identified. Role development is a complex process and is influenced by factors deriving from the work setting, personal characteristics and the nature of the DSN role. Based on findings, strategies are suggested for successful role implementation and for minimisation of the negative developmental
phases. Further research is required to examine the relationship between developmental phases and role performance. Copyright © 2011 FEND. Published by John Wiley & Sons, Ltd.

**Publication Type:** journal article  
**Source:** CINAHL  
**Full Text:** Available from EBSCOhost in *European Diabetes Nursing*

8. **Diabetes specialist nursing in the UK: the judgement call? A review of existing literature: the 2010 Janet Kinson Lecture.**

**Citation:** Practical Diabetes International, 01 July 2010, vol./is. 27/6(248-253), 13578170  
**Author(s):** James J  
**Abstract:** The role of the diabetes specialist nurse (DSN) has evolved since its inception over 70 years ago. Now, 1363 DSNs work in the UK, in various health care settings. The need to work within a culture of evidence-based practice and clinical and cost effectiveness, along with a perceived lack of evidence within diabetes specialist nursing, has prompted investigation into the role and efficacy of UK-based DSNs. This review discusses the workforce demographics of DSNs employed in the UK, the evolving specialist nurse role and the clinical and cost effectiveness of specialist nursing. The DSNs’ roles and workforce issues were assessed using existing surveys and reports. Clinical and cost effectiveness of DSNs were explored using a systematic literature review. This article is based on the Janet Kinson Lecture given at the 2010 Diabetes UK Annual Professional Conference in Liverpool, which gave an overview of specialist nursing, current literature supporting DSN practice and insights into challenges facing the profession in the current NHS culture of efficiency savings.  

**Publication Type:** journal article  
**Source:** CINAHL

9. **A diabetes management mentor program: outcomes of a clinical nurse specialist initiative to empower staff nurses.**

**Citation:** Clinical Nurse Specialist: The Journal for Advanced Nursing Practice, 01 September 2012, vol./is. 26/5(263-271), 08876274  
**Author(s):** Modic, Mary Beth; Canfield, Christina; Kaser, Nancy; Sauvey, Rebecca; Kukla, Aniko  
**Abstract:** PURPOSE: The purpose of this project was to enhance the knowledge of the bedside nurse in diabetes management. A forum for ongoing support and exploration of clinical problems, along with the distribution of educational tools were the components of this program. BACKGROUND: Diabetes accounts for 30% of patients admitted to the hospital. It has become more challenging to manage as the treatment choices have increased. There are a number of researchers who have identified nurse and physician knowledge of diabetes management principles as suboptimal. DESCRIPTION OF THE INNOVATION: Staff nurses are educated for a role as a Diabetes Management Mentor and are expected to educate/dialogue with peers monthly, model advocacy and diabetes patient education skills, facilitate referrals for diabetes education, and direct staff to resources for diabetes management. OUTCOMES: Diabetes Management Mentors feel more confident in their knowledge of diabetes and their ability to resolve clinical issues as they arise. CONCLUSION: The Diabetes Management Mentor role is another avenue for nurses to refine their clinical knowledge base and acquire skills to share with colleagues while remaining at the bedside. IMPLICATIONS: The clinical nurse specialist is expertly prepared to foster the professional development of bedside nurses while simultaneously making a positive impact on disease management. Opportunity for future investigation includes efficacy of teaching tools on diabetes mastery, the effect of clinical nurse specialist mentoring on a select group of bedside nurses, and the Diabetes Management Mentor's impact on prevention of near-miss events.  

**Publication Type:** journal article  
**Source:** CINAHL

10. **A model to bring specialist diabetes services to primary care.**

**Citation:** Diabetes & Primary Care, 01 August 2012, vol./is. 14/4(242-248), 14468955  
**Author(s):** Price, Jackie; Stones, Nigel; Seabrook, Ruth  
**Abstract:** Risk reduction is not optimised in many people with diabetes; the current "one size fits all" approach to diabetes services frustrates both individuals with diabetes and healthcare professionals. This article outlines the integration of a specialist GP and
diabetes specialist nurse into the practice team to intensively focus on risk factor management in a “hard-to-reach” cohort; its success has facilitated the redesign of the care pathway, enabling individuals with diabetes to receive the right care by an appropriately skilled named nurse and GP in a timely manner within the practice setting. This transferable, novel model for delivering high-quality, patient-centred care demonstrates that improved outcomes for individuals with complex needs can be achieved in primary care, and with considerable cost savings.

**Publication Type:** journal article  
**Source:** CINAHL

11. **The cost-effectiveness of substituting physicians with diabetes nurse specialists: a randomized controlled trial with 2-year follow-up.**  
**Citation:** Journal of Advanced Nursing, 01 June 2012, vol./is. 68/6(1224-1234), 03092402  
**Author(s):** Arts, Elke E.A.; Landewe-Cleuren, Sabine A.N.T.; Schaper, Nicolaas C.; Vrijhoef, Hubertus J.M.  
**Abstract:** Arts e.e.a., landewe-cleuren s.a.n.t., schaper n.c. & vrijhoef h.j.m. (2012) The cost-effectiveness of substituting physicians with diabetes nurse specialists: a randomized controlled trial with 2-year follow-up. Journal of Advanced Nursing 68(6), 1224-1234.  
**Abstract Aims.** To evaluate the cost-effectiveness of an intervention substituting physicians with nurse specialists. Background. Increasing populations of people with diabetes in most Western countries require creative solutions that give high-quality chronic care while controlling costs. Instigating nurse specialists as a substitute for physicians yields positive results in this area. Research about such interventions in a hospital-based setting is limited. Methods. This paper is a report of a study of a randomized, non-blinded clinical trial including people with diabetes mellitus types 1 and 2. In the intervention group nurse specialists were the central carers, providing care that conformed to a preset protocol. Patients were included between 2004 and 2007. Costs, quality of life and adverse events were measured, cost-effect ratios and incremental cost-effect ratios were calculated based on health-resource utilization rates, corresponding market prices and national tariffs from 2007. Results. Health related quality of life scores did not differ significantly between the control and the intervention group. In the intervention group, fewer patients were hospitalized and fewer side effects from drugs were reported compared to controls. Nurse specialists as central care givers generated a modest reduction in costs per quality adjusted life year gained compared to usual care. Conclusion. Nurse specialists give diabetes care that is similar to care provided by physicians in terms of quality of life and economic value. Instigating a nurse specialist as central carer yields opportunities to generate cost savings. Developing interventions which also focus on prevention of complications is recommended when aiming for long-term organisational cost savings.  
**Publication Type:** journal article  
**Source:** CINAHL  
**Full Text:** Available from EBSCOhost in *Journal of Advanced Nursing*

12. **Where have all the DSNs gone?**  
**Citation:** Journal of Diabetes Nursing, 01 June 2012, vol./is. 16/6(220-220), 13681109  
**Author(s):** Hicks, Debbie  
**Abstract:** The article discusses Diabetes Specialist Nurse (DSN) that is aimed to provide education and support to enable continuous improvement of diabetes care in the community setting by working together with people with diabetes, and also supporting health care professionals. It mentions that there is a decline in the number of DSNs due to retirement or vacant DSN posts that are unfilled due to cost savings initiatives. It offers the problems that occurred during the recruitment of a specialist nurse.  
**Publication Type:** journal article  
**Source:** CINAHL

**Citation:** Nursing Standard, 30 May 2012, vol./is. 26/39(10-10), 00296570  
**Abstract:** Diabetes nurse specialist posts are being cut without consideration for the long-term cost savings the clinicians deliver, according to a damning report on diabetes care services.  
**Publication Type:** journal article  
**Source:** CINAHL  
**Full Text:** Available from EBSCOhost in *Nursing Standard*

Citation: Journal of Diabetes Nursing, 01 October 2010, vol./is. 14/10(388-392), 13681109
Author(s): Alabraba, Victoria; Floyd, Elizabeth; Wallymahmed, Maureen
Abstract: There are approximately 2.6 million people with diabetes in the UK, with the number expected to rise to over 4 million by 2025 (Diabetes UK, 2010a). As this number increases, it is inevitable that the burden on the NHS will also increase, resulting in more people with diabetes being admitted to hospital. This article describes the workload of the diabetes inpatient specialist nurse team at Aintree University Hospital over a 6-month period. The authors discuss reasons for referral to this service, and evaluate the benefits of having a dedicated inpatient diabetes services. The authors conclude that such a service should be available routinely within all UK hospitals.
Publication Type: journal article
Source: CINAHL
Full Text: Available from Journal of Diabetes Nursing in Pilgrim Hospital Staff Library;

15. The meaning of a consultation with the diabetes nurse specialist.

Citation: Scandinavian Journal of Caring Sciences, 01 June 2010, vol./is. 24/2(341-348), 02839318
Author(s): Edwall L; Danielson E; Öhrn I
Abstract: Objective: The aim of this study was to elucidate the essential meaning of a consultation between diabetes nurse specialists and patients to gain a deeper understanding of the patients' experiences. Methods: Twenty patients with type 2 diabetes were interviewed about their experience of a consultation at an annual check-up with the diabetes nurse specialist. A phenomenological hermeneutic method was used in the analysis and interpretation of the text. Results: The patient's experience of a consultation was interpreted as manifestation of hold on the disease control. This means a safeguard to continue daily life shown in the four themes being controlled, feeling exposed, feeling comfortable, and feeling prepared. Conclusion: The patients' experiences of a consultation with the diabetes nurse specialist became the basis for a health maintenance process in dealing with critical health-disease aspects. Implications to practice: In a consultation, professionals have to take into account the potential emotional turbulence that disease progression can mean to a patient. Diabetes care implies patient dependence on support to avoid a potential self-management insufficiency and call attention to professionals' time for listening to patients' perceptions.
Publication Type: journal article
Source: CINAHL
Full Text: Available from EBSCOhost in Scandinavian Journal of Caring Sciences


Citation: AADE in Practice, Jan 2014, vol. 2, no. 1, p. 14-20, 2325-1603 (January 2014)
Author(s): Crowther, Jayne Quirk; Lumber, Terry
Abstract: Overview of the Diabetes Connections Project, implemented to deliver diabetes self-management and support for medically underserved populations, and the role of the clinical nurse specialist consultant. [ORIGINAL] 3 references
Source: BNI

17. Are diabetes specialist nurses a dying breed?

Citation: Journal of Diabetes Nursing, Jan 2013, vol. 17, no. 9, p. 326-328, 1368-1109 (2013)
Author(s): Hill, Jill; Diggle, Jane
Abstract: Summary of key points discussed at the 'New dimensions in diabetes nursing’ conference in July 2013, during a debate on whether the role of the diabetes specialist nurse (DSN) was sustainable within the NHS. Views for and against the DNS role are presented. [ORIGINAL] 7 references
Source: BNI

18. Diabetes specialist nursing: The current state of play

Citation: Journal of Diabetes Nursing, Jan 2012, vol. 16, no. 10, p. 386-388, 1368-1109 (2012)
Author(s): James, June
Abstract: Review of the results of the 2011-2012 Diabetes UK annual diabetes specialist nurse (DSN) workforce survey. Findings relating to DSN qualifications, skills, membership
of multidisciplinary teams, and education and care provision roles are discussed, and the influence of NHS cuts on workforce trends is considered. Possible ways in which the DSN role can be adapted to cope with future NHS changes are suggested. [ORIGINAL] 4 references

Source: BNI
Full Text: Available from Journal of Diabetes Nursing in Pilgrim Hospital Staff Library;

19. The role of DSNs in the evolving NHS
Citation: Journal of Diabetes Nursing, Jan 2011, vol. 15, no. 9, p. 326., 1368-1109 (2011)
Author(s): Down, Su
Abstract: The implications of the NHS’s new model of commissioning for the diabetes specialist nurse (DSN) role. The challenges posed by the new model, and the need for DSNs to demonstrate their worth by providing the commissioners with detailed information on the impact their role has had on patient care and service development, are highlighted. [ORIGINAL] 5 references
Source: BNI
Full Text: Available from Journal of Diabetes Nursing in Pilgrim Hospital Staff Library;

20. The role of the DSN in providing quality diabetes care within constrained finance
Citation: Journal of Diabetes Nursing, Jan 2012, vol. 16, no. 5, p. 188-198, 1368-1109 (2012)
Author(s): Middleton, Nicola
Abstract: Literature review examining the role of the diabetes specialist nurse (DSN) in times of NHS financial constraint. Ways in which DSNs can be cost-effective, and potentially contribute to the maintenance of quality by improving outcomes, promoting self-management and using integrated services, are examined with reference to 9 international research studies. Recommendations for DSN practice within constrained finance are proposed. [ORIGINAL] 37 references
Source: BNI
Full Text: Available from Journal of Diabetes Nursing in Pilgrim Hospital Staff Library;

21. Role of the diabetes inpatient specialist nurse in preventing hospital admission from A&E
Citation: Journal of Diabetes Nursing, Jan 2012, vol. 16, no. 2, p. 57-61, 1368-1109 (2012)
Author(s): Mahaffey, Kate; Stanisstreet, Debbie; Ford, Margaret; Chapman, Linda; Summerhayes, Bev; Brown, Sabrina; George, Stella; Winocour, Peter
Abstract: Research exploring the benefits over a 3 and a half year period of identifying diabetes patients attending A&E who could be treated and discharged without hospital admission. The cost savings and patient satisfaction benefits of referring patients to a diabetes specialist nurse (DSN) for early review on A&E presentation during normal working hours are discussed, and the role of the DSN in dealing with these patients is described. [ORIGINAL] 10 references
Source: BNI
Full Text: Available from Journal of Diabetes Nursing in Pilgrim Hospital Staff Library;

22. Research and diabetes nursing, part 1: terms of engagement.
Citation: Journal of Diabetes Nursing, Jan 2011, vol. 15, no. 1, p. 9-14, 1368-1109 (2011)
Author(s): Dunning, T
Abstract: 1st of 6 articles on research and the diabetes specialist nurse, defining research and outlining different approaches including quantitative, qualitative and audit and evaluation studies. The role and responsibilities of the diabetes specialist nurse in engaging in research, including explaining findings to people with diabetes, and barriers to undertaking research are discussed. ([BNI unique abstract]) 9 references
Source: BNI
Full Text: Available from Journal of Diabetes Nursing in Pilgrim Hospital Staff Library;

23. The diabetes and CSII specialist nurse.
Citation: Journal of Diabetes Nursing, Jan 2011, vol. 15, no. 4, p. 126-128, 1368-1109 (2011)
Author(s): Morrison, G; Weston, P
Abstract: Role of the nurse specialising in diabetes and continuing subcutaneous insulin infusion (CSII). The development of this role in Liverpool is described, highlighting the regular review of patients, audit, research, patient education, and the delivery of accredited programmes focusing on CSII. ([BNI unique abstract]) 10 references
24. The use of mmol/mol is here to stay - does your clinical practice reflect this?
Citation: Journal of Diabetes Nursing, Jan 2013, vol. 17, no. 7, p. 246-248, 1368-1109 (2013)
Author(s): Bannister, Mags
Abstract: Comment highlighting the importance of using the correct terminology when reporting of HbA1c results. The need for HbA1c results to be reported only as mmol/mol readings, following the end of a transition period of dual reporting, is stressed and the role of the diabetes nurse specialist in incorporating mmol/mol into clinical practice is discussed. [ORIGINAL] 0 references
Source: BNI

Citation: Practice Nursing, Oct 2012, vol. 23, no. 10, p. 526., 0964-9271 (October 2012)
Author(s): Ibbotson, Shelly
Abstract: Profile series. Interview with a diabetes specialist practice nurse discussing her career and role, the provision of holistic care by practice nurses, challenges to improving patient care and what she hopes to achieve in the next 5 years. [ORIGINAL] 0 references
Source: BNI

26. Response to "DSNs are value for money - fact!"
Citation: Journal of Diabetes Nursing, Jan 2012, vol. 16, no. 8, p. 302., 1368-1109 (2012)
Author(s): Diggle, Jane
Abstract: Response to an article by Hicks, D. in Journal of Diabetes Nursing; 2012/00/00; 16:7; 260, in which evidence on the clinical- and cost-effectiveness of diabetes specialist nurses is discussed. The implications of the freezing of large numbers of DSN posts is considered from the perspective of a practice nurse, and the vital role DSNs play in providing specialist support to practice nurses is emphasised. [ORIGINAL] 1 reference
Source: BNI

27. Macrovascular disease in diabetes
Citation: Journal of Diabetes Nursing, Jan 2012, vol. 16, no. 8, p. 307-314, 1368-1109 (2012)
Author(s): Mulnier, Henrietta
Abstract: 6th in a series of articles on the fundamental pathophysiology of diabetes-related complications, focusing on macrovascular disease in diabetes. Risk factors, targets and treatments to reduce risk, and current guidelines for options to treat macrovascular disease are outlined, and the role of the diabetes specialist nurse in helping diabetic patients control their diabetes and reduce their risk of macrovascular disease is emphasised. [ORIGINAL] 47 references
Source: BNI

Citation: Practice Nursing, Nov 2011, vol. 22, no. 11, p. 618., 0964-9271 (November 2011)
Author(s): Diggle, Jane
Abstract: Profile series. Interview with a specialist practice nurse and education leader for type 2 diabetes discussing her role, Quality and Outcomes Framework targets, challenges in diabetes care and how funding could improve care. [ORIGINAL] 0 references
Source: BNI

Published Research - Google Scholar

There looks to be a number of potentially interesting articles which I noticed when searching for the individual request you asked for. I will do a Google search if you