As a memorial to the life and work of Diana, Princess of Wales, the Treasury made over £4 million available to fund a network of Diana Community Nursing teams within the United Kingdom. In 1999 the first Welsh Diana Team was set up in North Wales. This is one of eight teams now operating across the UK (Davies and Harding 2000). The brief for these teams is to forge new partnerships and deliver existing services to meet the needs of children with life-limiting conditions such as severe cerebral palsy, muscular dystrophy and cancer.

The teams aim to:
- provide a high quality seamless service which allows the child and his or her family autonomy, choice and respect
- involve other agencies and service providers and draw on other professionals and voluntary support when necessary
- make appropriate arrangements to support these families including, when required, nursing care, emotional support and practical interventions (English National Board/Department of Health 1999).

This article summarises the progress made by the North Wales team over the last two years and demonstrates the continuing need for such an unique service.

Composition and management of Diana Team
The North Wales Diana Community Nursing Team covers an extensive area of the country, encompassing six unitary authorities and three NHS Trusts (see Figure 1).

There is one part-time co-ordinator for the three teams; covering the areas in Figure 1. Each team is responsible for its own caseload and local team of carers.

This management approach has allowed a locally-integrated service while ensuring flexibility and support to team members on a day-to-day basis.

Case load
Since 1999, the Diana Team’s case load has increased from 50 to 150 children and young people for whom the team provides:
- nursing care and respite in the home
- advice and support to families in the home
- terminal care and bereavement support
- liaison between health, educational and social services
- family support and social events.

Now that the service is well established, the rate of new referrals has slowed down. All referrals must meet the service standard of assessment; that is, the child must have a life-limiting condition. Only eight referrals have not met this criterion and these have been referred on to other, more appropriate, agencies. The low rate of inappropriate referrals can be attributed to the clear information available and the communication and networking skills of the team.
Respite at home

Working closely with personnel departments and local managers, the Diana teams have taken great care in their recruitment of suitable carers who now number 52. After undergoing an induction programme, carers are carefully matched with individual children and their families. So far, these matches have been successful. As the House of Commons Report (1997) noted, parents of children with life-limiting conditions have a ‘desperate need’ for respite so that they can have a break from care responsibilities.

Carers can provide respite in any safe environment, such as the child’s home, grandparent’s home, day centres or daycare schemes. These carers are funded either through the Diana team respite budget, special patient funding, North Wales Health Authority or jointly with social services or education departments.

Training, education and research

Team members attend a variety of training days, conferences and seminars to ensure the needs of the children they care for are identified and met. This is vital, given that the range of life-limiting conditions is extensive, diverse and often rare (ACT/RCPH 1997).

The team has also linked up with other Diana teams in the UK to share knowledge and skills and arrange joint educational events. A grant is also being sought to fund research into this new service. The outcome of this study should secure and shape the future of children’s community nursing in Wales.

A family-focused service

A central tenet of the team’s philosophy has always been to provide a family-focused service (Davies and Harding 2000). Joint social events have been organised for families and carers. For example, in 2001 families and carers enjoyed a day out at the pantomime courtesy of North Wales Theatre. Generous contributions for events such as these have been received from local business communities and charitable bodies.

The team organised a family and carers’ day out at an outdoor activity centre in the Conway Centre, Ynys Mon, North Wales. Events were aimed at supporting families, having fun and meeting others, and included ‘laughter workshops’ for parents and a range of fun activities for all the family. Staff who attend these events give their time freely.

Box 1. A parent’s view

“We have benefited so much from this service. The Diana Nurse offered excellent care to our son with all his health issues, giving support and advice on his care. The feeling of being on my own was certainly taken away.

‘She has been a vital link between ourselves and other professionals and the hospital. The service has enabled us to receive extra support in the care of our son and to receive vital equipment which had been needed for a long time.

‘The “on your own” feeling was taken away by the support we received from the service. I only wish that this service had been available several years ago. We feel we have received a lifeline rather than a service’

Future funding

Many children and families have benefited from this service and the difference that the team can make is shown by the comments about the service from a parent (see Box 1). A priority for the team is to secure ongoing funding before the end of the year. The Treasury has only provided funding over a three-year period (Davies 1999), but hopefully Health Authorities and Trusts, in recognising the value of the Diana teams, will guarantee future funding. The service could also benefit from monies under the ‘New Opportunities Fund’, i.e. National Lottery funding. It is hoped that by securing funding the network of Diana Teams will be expanded across Wales and the UK so that every child with a life-limiting condition will be able to benefit from such an unique palliative care service.

REFERENCES


