

News

At-a-glance

- New framework outlines role of PCTs
- arrangements to give a stronger voice to patients and the public
- nurses encouraged to become involved in PBC

Save the date

CNO Conference, 1-3 November 2006

The Chief Nursing Officer's Annual Conference, *Valuing Health, Valuing Care, Inspiring Confidence*, will take place in Manchester in November. Invitations will be sent out to directors of nursing and midwifery and to lead nurses in higher education by e-mail late summer. If your contact details have changed since last year please e-mail your new details to: cno2006details@eventsregistration.com (please note this e-mail address is for the organisers to collect information only. You will be able to register and pay for your conference place once you receive your e-mail invitation).

Links and info

- [Click here](#) for the Department of Health website on PBC.
- [Click here](#) for the new framework.
- [Click here](#) for *A stronger local voice*.

Framework supports stronger commissioning

New guidance sets out a range of measures to strengthen commissioning and put patient preferences at the heart of decision-making.

The document, *Health reform in England: update and commissioning framework*, shows how redesigning care around the patient can improve clinical quality, avoid costly readmissions, and improve patient and staff satisfaction.

It outlines plans for:

- a PCT prospectus, which will set the strategic direction for local services, built on local needs
- public petitions, whereby

communities can trigger a review of poor services

- a new governance and accountability framework for practice based commissioning (PBC)
- a model contract for procuring services.

The framework deals mainly with commissioning arrangements for hospital services. Other aspects, including commissioning for primary care and children's and maternity services, will

be addressed in more detail in a separate framework to be published in December.

Alongside the new framework, the Department of Health has published *A stronger local voice*, which describes plans to build upon existing patient forums with new Local Involvement Networks (LINKs). These are designed to have more influence over services across hospital and community settings.

Nurses' involvement in PBC

Sheila Dilks, Nurse Adviser to the Department of Health's primary care access team, is encouraging nurses to get involved in PBC. "Nurses know what their patients need both in terms of health care and prevention," said Sheila. "Community nurses care for vulnerable and often hidden groups whose needs may not be immediately apparent to commissioners."

Practices and PCTs will all find different ways to engage the wider clinical team in PBC. One example is the approach taken by Rushcliffe PCT in

Nottinghamshire. The PCT is aiming to use PBC to shift hospital-based activity into primary and community care settings by managing demand, reducing delays and increasing productivity.

Helen Griffiths, Project Manager at the PCT, said: "You can't rely only on GPs to do this, so we've enlisted the involvement of other clinicians in an inter-practice and inter-professional coalition. To make it work, we need a level of clinical engagement not previously seen in the local NHS. This engagement also needs to extend to

secondary care."

Helen is optimistic about the benefits of the project. "The collaboration should enable community nurses, health visitors and others to make an even greater contribution to achieving objectives, planning and service development, and governance."

Hearing about how others are engaging nurses in PBC can be helpful for places that are just beginning or finding it more difficult. Please send examples of successes to sheila.dilks@dh.gsi.gov.uk so that your experience can be shared with others.

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Have your say —

This bulletin is tailor-made for nurses and midwives across the NHS. It aims to cover the main news and developments every month.

We would like to hear your views on the content and design of the bulletin. Please send your comments to Susan Frade at CNO-Bulletin@dh.gsi.gov.uk

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Voicepiece —

The new commissioning framework sets out a range of measures to help PCTs and GP practices to strengthen commissioning. These include plans that will increase local patient involvement and the involvement of clinicians through practice based commissioning (PBC).

Many nurses have a wealth of knowledge about local health needs and it is increasingly important for more nurses to be fully involved in PBC and to make decisions about the most appropriate ways of promoting good quality healthcare. Sharing your own experience can contribute to developments across the country. I am keen to support nurses working in this area and support the call to share examples of good practice (see page one).

At the heart of good quality healthcare is the public's confidence and trust in health professionals. The regulation of professionals is an essential part of creating that trust. It is five years since we set up the Nursing and Midwifery Council and Health Professions Council and, while we have no significant concerns about the regulation of non-medical staff, it is timely to review these regulatory bodies alongside the Chief Medical Officer's review of the General Medical Council. Details of the non-medical regulation consultation are on page three, and I encourage contributions from individuals, groups and organisations.

Patient safety is always of paramount importance. For instance, the aftermath of the Shipman Inquiry



Chief Nursing Officer Chris Beasley emphasises the importance of the new commissioning framework and the proposals for regulating health professionals.

has prompted many changes to the way we manage controlled drugs. The investigation revealed several shortcomings in practice, which new legislation and guidelines will address. There is also another important angle.

For nurses, the Shipman Inquiry brings home the difficulties in recognising and acting on unusual behaviour in colleagues. While none of us expects to see another Dr Shipman in our lifetimes, we are likely to come across colleagues who, through illness, addiction, failure to maintain skills or lack of self-awareness, are offering a less than satisfactory service to patients.

I know nurses are well aware that the Nursing and Midwifery Council code of conduct says we must act quickly to protect patients and clients from risk should we have reason to suspect a colleague's practice is less than optimum, so I don't need to reiterate this. Nor do I want to go over the legislation that offers protection for people who raise concerns. My message here is that putting this knowledge into practice can throw up some difficult issues.

We know that colleagues who work well together support each other, but are also honest and able to offer and receive feedback about performance. Healthy organisations make it possible for staff

members, wherever they are in the hierarchy, to say what they think and be listened to. And good nurses do not accept compromises on standards of care, but take time to address problems, however busy they are.

As a profession, we will find it easier to put patients first at all times if we adopt some fairly straightforward strategies. We can acknowledge that, Dr Shipman aside, the overwhelming majority of health professionals are in post because they want to do a good job. The next step is for teams to agree and articulate what good practice is; to find ways of incorporating what patients think is good; to develop mechanisms for knowing when we are achieving optimum performance; and to recognise signs that things are going wrong.

These are standard team-building strategies which, if incorporated alongside some ground rules about how the team is going to work together, can make it much easier to recognise and deal with problems at an early stage.

Busy, action-orientated teams may think they do not have the time for such introspection. However, prevention, as they say, is better than cure. This applies equally to sustaining professional performance as to maintaining health and well-being.

At-a-glance

- New report recommends using social marketing techniques to improve health
- techniques designed to improve public health by changing behaviours
- Government working on national social marketing strategy for health.

Social marketing strategy for health

Social marketing techniques can dramatically improve public health and could save the NHS £187 billion a year in preventable ill health, according to a new report commissioned by the Department of Health (DH).

The report, produced by the National Consumer Council, states that evidence from other countries shows that social marketing is effective in changing unhealthy behaviours such as smoking, poor diet, alcohol, unsafe sex and obesity.

According to Dr Jeff French, author of the report, social marketing is relevant to all health

professionals. "Social marketing applies to anyone interested in behaviour change, even if they're running a project on a shoestring." The techniques can be used to influence a range of behaviours, from smoking or eating habits to behaviours that support clinical outcomes such as compliance with treatments or uptake of services.

The key principles include defining specific behavioural goals, understanding people's motivations and removing barriers to behaviour change.

The DH is now working to develop a social marketing strategy for health, outlining how to embed the techniques across all national health promotion projects.

Social marketing targets pregnant smokers

The University of Newcastle undertook a social marketing intervention, involving nurses and midwives, to encourage pregnant women in Sunderland to stop smoking. The intervention built on qualitative research which explored what it was like to be a pregnant

smoker in Sunderland. The research found that many women lacked information, didn't want to be nagged, and found healthcare professionals' body language intimidating. Based on these insights, the project staff designed new information material, and local midwives took part

in role-play based training. The team also introduced more proactive ways to support women, including a dedicated worker and home visits. During the intervention, there was a 10-fold increase in the number of women who successfully quit smoking whilst pregnant.

Links and info

- [Click here](#) for the review document and social marketing resources.
- [Click here](#) for the DH social marketing pages.

At-a-glance

- Consultation on plans to change regulation of health professionals
- proposals include introduction of revalidation and a more integrated regulatory framework
- consultation closes on 10 November.

New proposals for regulation

Nurses are invited to comment on plans to change the regulation of non-medical healthcare professionals.

The proposals, which are designed to ensure that all healthcare staff are highly trained and competent, were shaped by an advisory group made up of patients, employers and professionals, including Chief Nursing Officer Chris Beasley.

The recommendations include:

Regulatory framework

- an integrated regulatory framework across the professions, with common standards for new entrants and for conduct
- elected professional members of regulators to be replaced by

appointed professional members, and the regulators to be subject to parliamentary scrutiny.

Revalidation and appraisal

- employer-led revalidation, with more intensive focus where risk is greatest, for example with doctors
- a revalidation system that aids development as well as checking a required standard is met
- assurance that professionals remain fit to practise by standardising the content and enhancing the value of workplace appraisal.

Fitness to practise

- a single source of advice

for people expressing concerns about professionals and a single investigation process at local level

- fitness-to-practise panels to include both lay and professional members
- a range of new options for the task of adjudicating on concerns about impaired fitness to practise.

New roles

- statutory regulation for new roles such as emergency care practitioners.

Comments are also invited on the CMO's review of the regulation of doctors.

Links and info

- [Click here](#) to respond to the consultation.
- [Click here](#) for the review document.
- [Click here](#) for the CMO review.

At-a-glance

- Summit addresses issues of clinician engagement in health reforms
- organised by Department of Health and professional bodies
- invited comments from a range of clinical leaders.

Clinical leadership: improving patient care

More than 40 clinical leaders and frontline staff aired their views about involving clinicians in the process of health reform at the first of two health summits, in July.

The summit was a joint venture between the Department of Health, the British Medical Association, the Royal College of Physicians, the Queen's Nursing Institute and the Nurse Directors Association. The Secretary of State for Health and acting NHS Chief Executive listened to a range of suggestions about how to secure clinical engagement.

One key point was that engagement doesn't necessarily mean agreement, and that clinicians should be involved not only in shaping policies but also in providing feedback about any problems.

Another widely held view was that, to promote

engagement, it is important to have a clear view of the aims behind the reforms, explaining how they will benefit patients and improve care.

Commissioning

Much of the discussion centred around ways that clinicians could best use the power of commissioning. Several participants stressed the need to involve clinicians across primary and secondary care, and for the system to encourage collaboration between purchasers and providers. Others emphasised the importance of connecting with patients.

The independent sector

Participants felt there was a need to clarify the role of

the commercial sector and competition in the NHS, and to explore ways to maintain collaboration in this context.

Payment by results (PbR)

Clinicians made suggestions about refining PbR, including making the system more equitable across primary and secondary care, and ensuring it allows specialist services to be maintained.

Next steps

The meeting organisers will now analyse and circulate comments from the event, and participants will be asked to prioritise areas and take forward particular issues in preparation for a larger summit in the autumn.

Links and info

- [Click here](#) for more details on the summit.

At-a-glance

- Programme to train nurses in palliative care delivered to a third of district nurses
- training led to improved practice and better communication.

Success of palliative care programme

A new report highlights the success of a £6 million Department of Health programme to train district and community nurses in the principles and practice of palliative care.

Between 2001 and 2004, cancer networks around England delivered training to more than 12,700 nurses working in primary care. The aim was to give them the confidence to support patients with advanced cancer, helping them stay at home for as long as possible during their illness and to die there if appropriate.

The networks took account of the National Institute for Health and Clinical Excellence guidance on supportive and palliative care when developing their programmes, and many included training on the gold standards framework and the Liverpool care

pathway for the dying.

These tools, which enable staff to identify and support patients and families during the final months and days of life, are now embedded in the Government's end of life care programme.

Feedback from participants indicates that the training programmes led to:

- better communication between nurse and patient
- improved practice in recognising and dealing with symptoms and critical incidents
- greater confidence in working with consultants, GPs and palliative care specialists.

An evaluation by King's College, London found that around a third of district nurses had contact with the programme during the three-year period, and that it improved nurses' confidence in their palliative care competencies.

An unexpected outcome was the establishment of multi-agency groups to foster practice development and education provision. The evaluation did not find an increase in the number of patients dying at home, and recommends more work to understand why this is the case.

Links and info

- [Click here](#) for a full report of the training programme.
- [Click here](#) for more on the end of life care programme.

At-a-glance

- Government offers funding and new vision for community hospitals
- facilities will provide more care closer to home and encourage partnership working across professions
- opportunities for community matrons and for nurses to lead urgent care centres based in community hospitals.

Links and info

- [Click here for *Our health, our say, our community*.](#)

New generation of community hospitals

The Government is making available up to £750 million to invest in a new generation of NHS community hospitals, polyclinics and health centres.

These facilities will help meet the objectives of the *Our health, our care, our say* White Paper by delivering a wider range of services closer to patients' homes. In addition to minor surgery, blood tests and x-rays, the centres could offer out-of-hours GP services, ultrasound scans, and procedures such as endoscopies and biopsies.

The community facilities will make the most of new and extended roles for clinicians. Community matrons, for example, will be able to use community hospitals as a base for case management for patients with complex needs – admitting patients to

community hospital beds and setting up home care packages.

The new services will also provide the opportunity for different health and social care professions to work together in new 'one-stop shop' partnerships.

Community hospitals will also play an important role in improving access to urgent and unscheduled care through a network of urgent care centres, encompassing minor injury units and walk-in centres. The centres will be nurse-led and, wherever possible, will share premises with out-of-hours GP services.

A new document, *Our health, our care, our community – investing in*

the future of community hospitals and services, provides a vision for the new community hospitals and explains how PCTs can access funding. Funding will be available to community hospitals organised in a range of ways – including partnerships with care trusts, social enterprises (which could be owned by staff on a co-operative basis), or independent sector organisations.

To prevent unnecessary closures of existing facilities and to ensure that the new services meet community needs, the document encourages PCTs to involve local people in planning.

At-a-glance

- NHS Employers guidance helps organisations deal with workforce changes
- advice on reducing the use of agency staff, developing opportunities for new graduates, and retraining existing staff
- band 5 and 6 nursing posts removed from Home Office shortage list.

Links and info

- [Click here for the NHS Employers guidelines.](#)

Support for workforce changes

Recent health reforms are having an impact on how nurses work. New guidance from NHS Employers is designed to help organisations manage these changes.

Maximising employment opportunities in a changing NHS provides guidance and examples of good practice, including the following.

The use of agency staff

- examples of how trusts have reduced their reliance on agency staff by making more use of internal pools and by redeploying staff.

Newly qualified staff

- advice on developing the skills of newly qualified staff
- details of how some trusts are ring-fencing posts for newly qualified staff or employing graduates as part of a flexible pool
- details of assistance available for staff who relocate to secure a job.

Nurses taken off shortage occupation list

Nursing posts graded at Agenda for Change bands 5 and 6 have been removed from the Home Office shortage occupation list. This means that employers will have to advertise (for example by placing a free advert with NHS Jobs) to demonstrate that they cannot fill a post with a nurse from the UK or Europe before they can

recruit from overseas.

Employers will still be able to seek extensions of work permits for existing international nurses without first needing to test the resident labour market.

There is still a shortage of nurses in certain specialities among advanced and senior nurse grades in bands 7 and 8, and these bands are unaffected.

Primary care

- examples of mentoring arrangements used to enable professionals to work in the community directly after qualification.

Accelerated development

- guidance on using

accelerated development programmes that train existing staff to fill specialist roles.

A separate publication, *Retention of experienced staff in the NHS*, advises trusts on retaining senior staff during times of change.

At-a-glance

- NICE launches consultation on new maternity guidelines
- the guidelines emphasise the need to provide women with information about their choices
- recommendations for new arrangements to make childbirth safe in all settings.

Consultation on new maternity guidelines

Nurses and other clinicians are being asked for their views on draft maternity care guidance issued by the National Institute for Health and Clinical Excellence (NICE).

The guidelines aim to reduce unnecessary medical interventions and to make birth as safe as possible for mothers and babies.

Overall, less than one baby per 1,000 dies during or shortly after birth, but there is evidence that there may be a slight increase in unexplained stillbirths when births take place outside hospital. The risk is extremely small and needs to be balanced with the benefits of home birth, which include increased satisfaction and reduced interventions such as caesarean sections.

The draft NICE guidelines state that:

- women should be able to choose whether they give birth at home, in hospital or in midwife-led units, and should receive information about the risks and benefits of each option

- service providers, midwives and doctors should develop robust arrangements to provide appropriate care in all settings, including protocols for what to do if there is cause for concern or an emergency arises
- the outcomes for mothers and babies in different settings should be monitored at a national level to improve information for the future.

Caroline Simpson, professional adviser on maternity and family health at the Department of Health, said: "We welcome these draft guidelines. Women should have the opportunity to make informed decisions about their care and any treatment needed. These guidelines are focussed

on best practice for the care of women in labour and state that women and their families should always be treated with kindness, respect and dignity.

"The views, beliefs and values of the woman, her partner and her family in relation to her care and that of her baby should be sought and respected at all times."

The consultation is open until 29 August.

'Women should have the opportunity to make informed decisions about their care and any treatment needed'

Links and info

- [Click here](#) for the consultation.

At-a-glance

- New controlled drugs arrangements introduced in response to Shipman Inquiry
- changes to rules for prescribing, dispensing and monitoring.

Safer management of controlled drugs

New arrangements for the prescribing and dispensing of controlled drugs (CDs) have been introduced in response to the Shipman Inquiry's fourth report.

To help nurses and other healthcare professionals implement the changes, the Department of Health has published two new pieces of guidance.

Safer management of CDs: private CD prescriptions and other changes to the prescribing and dispensing of CDs replaces the interim guidance issued in March. It sets out the following changes to the way CDs are prescribed and dispensed:

- the introduction of special forms for private prescriptions

for schedule 2 and 3 CDs dispensed by a community pharmacist

- modified arrangements for dispensing prescriptions for schedule 2 and 3 CDs, including a new requirement for patients – or their representatives – to sign for them (this applies to both NHS and private prescriptions)

- prescriptions for schedule 2, 3 and 4 CDs will be valid for 28 days (a reduction from the previous 91 days' validity for schedule

2 and 3 CDs, and six months for schedule 4 CDs)

- it is recommended that each prescription for schedule 2, 3 and 4 CDs be limited to a quantity necessary for a maximum of 30 days at a time, even when there is a continuing clinical need.

The second document, *Safer management of controlled drugs: changes to record keeping requirements (interim guidance)*, outlines the new rules for record keeping.

Links and info

- [Click here](#) for both documents and further information.

At-a-glance

- Clinical leadership to be strengthened in NHS CFH
- mobile prescribing pilot sites shortlisted
- new e-mail accounts for every nurse, midwife and health visitor.

Links and info

- **Register** for the e-mail account by logging on to www.nhs.net
- **Further information** is available from the helpdesk – 08453 008453 or helpdesk@nhs.net – and the NHSmail project team at nhsmail.team@nhs.net
- **Click here** for more about NHS Connecting for Health.

Connecting for Health builds engagement with nurses and midwives

More opportunities for nurse involvement in the National Programme for IT are being developed following the National Audit Office (NAO) report on the work of NHS Connecting for Health (NHS CFH).

The report recommends building on the success of NHS CFH's national clinical leads (NCLs), who have fostered increased dialogue with nurses and other clinicians. Barbara Stuttle and Susan Osborne, joint NCLs for nurses, are now working with colleagues in NHS CFH and the NHS to respond to this recommendation. They are already developing a network of SHA chief nurses who will be actively involved in engaging nurses, midwives and health visitors in their respective areas.

In addition, the nurse

team in NHS CFH is developing materials to improve communication with nurses and midwives, and an NHS CFH Nursing Professions Week will be held in the autumn to showcase the work of nurses and midwives in the National Programme.

NHS CFH's mobile prescribing project is moving ahead with a shortlist of five pilot sites now in place. The project aims to agree best practice and to support

the evaluation of mobile technologies in community nursing practice.

In another step forward for technology, nurses, midwives and health visitors can now register for their new NHSmail e-mail account. NHSmail provides a secure e-mail account that can be accessed from any computer, stays the same even when the owner changes job, and is authorised for exchanging clinical information.

'NHS CFH's mobile prescribing project is moving ahead with a shortlist of five pilot sites now in place'

Social care digest

Recent months have seen a series of changes to the social care system, all designed to improve the experience of service users, drive up standards, and ensure dignity in care. We outline some of the latest changes, proposals and recommendations below.

Provision of information

New rules require care homes to provide clear information on their terms and conditions, including fees, before a resident moves in. Homes will also be asked to provide residents with information about, and reasons for, any increases in fees. The new regulations, which came into effect in July, are a response to last year's Office of Fair Trading (OFT) report, which criticised the lack of transparency in the care home sector.

● **Click here** for the new regulations.

● **Click here** for the OFT report.

New complaints rules

New regulations being laid before Parliament will make it easier for people to complain about adult social services if they feel they have been given care that doesn't suit their needs. New timescales will encourage faster resolution of complaints.

● **Click here** for details.

Consultation on funding nursing care

The Government is inviting comments on plans to create a single national system for funding NHS continuing care. Proposals include:

- a consistent national policy about who should receive fully funded NHS continuing healthcare and NHS-funded nursing care
- an abolition of the different bands for free nursing care
- a standard national process for assessing eligibility for continuing care services.

Since the introduction in 2001 of NHS-funded nursing care in care homes, 42,000 people have received a contribution from the NHS for services that they would previously have had to fund themselves. The new plans are designed to build on this success, while making the system less complex and more efficient.

● **Click here** to take part in the consultation.

Increased vetting of staff

Inadequate recruitment and vetting procedures are a key factor in the poor provision of social care services, according to analysis from the Commission for Social Care Inspection (CSCI). The new report, *Safe and Sound?: Checking the suitability of new care staff in regulated social care services*, is based on the inspection reports of the 150 poorest performing care homes and other care services.

● **Click here** for the report.

Focus on Mental Health

High impact changes for mental health

New guidelines, produced by the Care Services Improvement Partnership for the Department of Health, recommend 10 key changes to improve mental health services:

- 1 Treat home based care and support as the norm
 - 2 Improve access to screening and assessment
 - 3 Manage variation in service user discharge processes
 - 4 Manage variation in access to all mental health services
 - 5 Avoid unnecessary contact for service users and provide necessary contact in the right setting
 - 6 Design care around treatments that are known to work and that service users and carers can influence
 - 7 Apply a systematic approach to enable the recovery of people with long-term conditions
 - 8 Improve service user flow by removing queues
 - 9 Optimise service user and carer flow by using an integrated care pathway approach
 - 10 Redesign and extend the roles of staff.
- [Click here](#) for the guidance.

Bournewood proposals

New government proposals in response to the judgement of the European Court of Human Rights in the Bournewood case will strengthen the rights of people who lack mental capacity and who need to

be detained.

Key features of the proposals, which will apply to care homes and hospitals, include:

- all involved will have to act in the best interests of the person in care and in the least restrictive manner
- the criteria under which someone can be detained will be strengthened
- it will be easier to challenge a decision to detain
- people in care will have someone independent to represent their interests.
- [Click here](#) for details.

Drive to cut suicides

A new campaign has been launched to reduce the rate of suicides among young men. A report, *Reaching Out*, launched by health minister Rosie Winterton outlines the results of three pilot projects set up in 2004 to help identify the barriers that may discourage young men from seeking help, and look at ways of reaching out to this group.

The pilots found that community-based locations such as youth centres offered a more successful way of engaging with young men than the more formal setting of a GP surgery.

Suicide is the most common cause of death in young men.

- [Click here](#) for the report.

Support for drug and alcohol treatment

Treatment services for drug

users will receive an extra £95.2m in funding this year. The Government will provide drug action teams with £394.6m – over 30 per cent more than last year – to pay for staff and the day-to-day running of services, as well as building and refurbishing premises.

Two new documents provide best practice guidance about caring for alcohol and drug misusers. *Models of care for alcohol misusers* is aimed at anyone involved with the commissioning or provision of alcohol treatment or early interventions.

Models of care for drug misusers: Update 2006 builds on the framework and concepts in the 2002 document. It describes arrangements for commissioning, screening and assessment, care planning, and development of integrated care pathways.

In addition, the Royal College of Nursing (RCN) has launched a new web-based learning module covering problem substance use, aimed at general practice and primary care nurses.

- [Click here](#) for more details of the funding.
- [Click here](#) for the alcohol guidance.
- [Click here](#) for the drugs guidance.
- [Click here](#) for the RCN resource.

Helping staff to help victims of abuse

A new guide, *Tackling the Health and Mental Health Effects of Domestic and Sexual Violence and Abuse*, has been produced by the

cross-government Victims of Violence and Abuse Prevention Programme. Based on consultations with experts, it is designed to provide health professionals with the evidence, guidance and information they need to support victims of domestic and sexual violence and abuse.

- [Click here](#) for details.

Mental health trusts apply for foundation status

Sixteen more NHS trusts, including five mental health trusts, applied for foundation trust status in June. The Department of Health will consider the merits of the applications and decide which to recommend to the independent regulator Monitor for approval. Monitor will authorise trusts from this wave of applications towards the end of the year.

- [Click here](#) for a list of existing foundation trusts.

Service framework for COPD

The Government is to introduce a new National Service Framework to improve services for people with chronic obstructive pulmonary disease (COPD). It is designed to reduce inequalities in treatment and improve standards of care for a range of lung conditions such as emphysema and chronic bronchitis. A group of healthcare professionals, service users and carers will advise on the development of the framework.

Children's renal services framework

New guidance explains how the *National Service Framework for Renal Services* can be delivered in paediatric services, for example how a child's dialysis treatment should be provided. The document is aimed at those commissioning, providing and using services for children and young people with kidney disease. [Click here](#) for the document.

Funding for children's hospices

A package worth £27 million will help children's hospices improve services and expand their role in children's palliative care. The funding, which will be spread over the next three years, will pay for a variety of services from help at home to hospice care. The Government will work closely with the Association of Children's Hospices to distribute the funding. [Click here](#) for more on palliative care.

Chief Executive's Report to the NHS

The Chief Executive's Report to the NHS, published in June, highlights the improvements made to the NHS over the last year and the actions being taken to restore financial balance to the service.

● [Click here](#) for the report.

Emergency care practitioner consultation

A consultation on the competence and curriculum framework for emergency care practitioners (ECPs) closes on 29 September. The consultation document shares progress on the development of the role, and seeks comments on the proposed framework.

● [Click here](#) for the consultation document.

Consultation on tobacco warnings

As part of the *Choosing Health* White Paper's commitment to reduce smoking, the Department of Health pledged to introduce picture warnings on cigarette packs.

Evidence suggests that pictures carry more impact than the current written warnings. The department has now launched a public consultation to determine the most appropriate pictures. The consultation closes on 25 August.

● [Click here](#) for the consultation.

Improvements in heart attack treatment

Treatment for patients with heart attacks has improved dramatically in the last five years, according to the fifth public report from the Myocardial Infarction

National Audit Project (MINAP).

Between April 2005 and March 2006, 83 per cent of patients in England received thrombolytic treatment (clot-dissolving drugs) within 30 minutes of arriving at hospital – compared with 44 per cent in 2001 – and 58 per cent (22 per cent in 2001) received thrombolytic treatment within 60 minutes of calling for professional help.

● [Click here](#) for the report.

Medical devices safety

Recent safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) include details of a problem with certain blood glucose meters; problems with some ventilator circuits; the risk of under-infusion with an insulin infusion pump; and the recall of a contact lens solution. The MHRA has also published a new leaflet on the safe use of ventilators in the home.

● [Click here](#) for details.

Honours for nurses

The Queen's Birthday Honours included recognition for the following members of the nursing profession:

- Jonathan Asbridge, National Director for Patient Experience in emergency care (knighthood)
- Christian Edwards, Director of Nursing, County Durham & Tees Valley (CBE)
- Helen Hamilton, clinical nurse specialist, Oxford Radcliffe Hospital (CBE)
- Cathy Warwick, honorary professor of midwifery, King's College London School of Midwifery (CBE)
- Beverley Clarke, formerly lead health visitor,

Community Practitioners' & Health Visitors' Association (OBE)

- Linda Nazarko, consultant nurse (older people), Richmond & Twickenham PCT and visiting nurse lecturer, Kings College, London (OBE)
- Ruth Bannister, specialist health visitor, Central Manchester & Manchester Children's University Hospitals NHS Trust (OBE)
- Joyce Conway, staff-side lead, Queen Elizabeth Hospital, London NHS Trust (OBE)
- Eileen Hales, health care assistant and Unison steward, Northamptonshire Healthcare NHS Trust (OBE)
- Evelyn Innes, health care assistant, Luton (OBE)
- Grace Vanterpool, diabetes lead and specialist nurse, Slough PCT (OBE).

Flu Pandemic Preparedness Director

Professor Lindsey Davies, formerly Regional Director of Public Health for the East Midlands, has been appointed as Director of Flu Pandemic Preparedness at the Department of Health. She will coordinate the department's work on pandemic flu and will ensure that the challenges faced by NHS and social care staff are considered in national policy.

To contact her, email pandemicflu@dh.gsi.gov.uk

Getting it right for children and young people

A new self-assessment tool from the Royal College of Nursing can help practice nurses provide better

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services for children and young people. The tool, *Getting it right for children and young people*, was developed with support from the Department of Health and Department for Education and Skills. It addresses concerns raised in the Chief Nursing Officer's review of the nursing contribution to the care of vulnerable young people. ● [Click here](#) for the tool.

Healthcare Commission bulletin

The Healthcare Commission has launched *@ the frontline*, a new bulletin to keep clinicians up to date with the commission's work, provide information relevant for clinical practice and enable feedback and suggestions. ● [Click here](#) for the first issue.

Programme supports Matron's Charter

A pilot learning programme from the Royal College of Nursing (RCN) has proved successful in helping trusts to implement the Matron's Charter, which set out commitments for delivering cleaner hospitals. The RCN delivered the programme to teams in eight acute trusts. Its evaluation found that 95 per cent of participants said the programme helped them to implement changes and improvements. ● [Click here](#) for the evaluation report.

Nursing student bursary increase

Student nurses and midwives will receive a 2.5 per cent increase in their bursary from September. The increase means

students could receive as much as £7,030 per year.

The Department of Health has begun a series of meetings with stakeholders including Unison, the Royal College of Nursing and the Royal College of Midwives, about modernising the current student bursary scheme. ● [Click here](#) for the new NHS bursary rates.

Patient safety notices

The National Patient Safety Agency (NPSA) has reissued guidance to the NHS on reducing the risk of patient harm associated with the incorrect use of oral methotrexate. In separate advice, the NPSA is advising all NHS organisations to review and improve measures for prescribing, storing, administering and identifying high dose morphine and diamorphine injections. ● [Click here](#) for details.

NHS takes responsibility for hospital food

Responsibility for improving hospital food now rests clearly with the NHS, following the decision to discontinue the Better Hospital Food Panel. The Department of Health is working with the Royal College of Nurses, the British Dietetic Association and the Association of Hospital Caterers to support the transition, make sure that improvements continue, and to implement

the Council of Europe's recommendations on hospital food. ● [Click here](#) for more information.

Diagnostic waiting times measured

The average wait for NHS patients needing diagnostic tests is just seven weeks, according to the first ever analysis of diagnostic waiting times. The figures for April, based on the 15 highest volume tests, also show that the average non-emergency wait is seven-and-a-half weeks for an MRI scan and two-and-a-half weeks for a CT scan. The new measurements are designed to help identify the scale of the challenge involved in delivering a maximum 18-week wait for treatment by December 2008.

To coincide with the publication of this data last month, the Prime Minister held a summit with doctors and managers from across the NHS to look at local initiatives and the challenges faced in delivering the 18-week goal. ● [Click here](#) for details for individual trusts. ● [Click here](#) for details of the summit.

Third sector commissioning report

A new report from the Third Sector Commissioning Task Force outlines the work being done to enable third sector providers to access NHS and social care markets. It also

includes practical advice for NHS and local authority commissioners about how to use third sector organisations to provide a range of convenient and personalised services. ● [Click here](#) for more information.

New directors of public health

Regional directors of public health have been appointed for each of the new strategic health authority areas. They are responsible for: ● population health improvement ● health inequalities ● health protection ● health emergency planning ● clinical quality and patient safety. ● [Click here](#) for a list of the new appointees.

Blood pressure campaign

National charity the Blood Pressure Association is encouraging healthcare professionals to raise awareness about high blood pressure by taking part in Know your Numbers week from 11 to 17 September. Nurses can get involved by running a 'pressure station', offering free checks to the public or staff. ● [Click here](#) for details.

Diary

CNO business meetings

The autumn CNO business meetings will take place on 4 September at the Millennium Gloucester Hotel, London and 11 September at the Queens Hotel in Leeds.

The meetings are for an invited audience of strategic health authority lead nurses, directors of nursing and midwifery and lead nurses in higher education.

There will be a charge of £105.75 per delegate. Invitations

have been sent by e-mail. If you have not received an invitation please get in touch via the contacts below.

● [Click here](#) for more information, e-mail cno@keystone-group.co.uk, or call 01453 833668.