

News

At-a-glance

- report sets direction for modernising nursing careers across all sectors
- emphasises the constancy of caring and core values
- sets priorities including promoting flexibility, career choices, leading services and the image of nursing
- DH will work with stakeholders on actions throughout 2006-07.

Modernising nursing careers – setting the direction

Chief Nursing Officer Chris Beasley has launched a new report laying out the priorities and actions necessary for nursing careers to meet the changing needs of patients and healthcare in the future.

Modernising nursing careers: setting the direction recommends increasing career choices and flexibility, supporting careers in the community, reviewing aspects of education, and improving the image of nursing.

The report, which was informed by a series of stakeholder workshops, identifies four priority areas as follows.

Developing a competent and flexible workforce

Nursing needs to become more flexible. Removing traditional barriers and inflexibilities will help to meet changes in supply and demand, increase career options, and promote integrated care.

Nurses must be prepared for different patterns of care, in particular caring for older people, meeting mental health needs, supporting self care and rehabilitation in all settings, and working outside hospitals. To achieve these goals, the Department of Health (DH) will:

- work with stakeholders to review senior nurse career paths and map nursing roles and competencies to the

NHS careers framework

- consider a competency passport scheme to promote ease of movement
- explore whether changes are needed to the content and level of the pre-registration programme.

Updating career pathways and choices

The recommendations reflect the fact that many nurses are already working in new roles with additional responsibilities. Nursing careers in the future will encompass an even wider range of roles, with community nursing a particular priority. To support these developments, the DH will:

- review the career pathways and education needed for specialist roles and careers in the community
- review the roles of nurse educators and career paths spanning service and education
- produce tools to support career choices.

Preparing nurses to lead

Nurse leaders of the future will need business and entrepreneurial skills and greater confidence to lead

and engage in strategic decision-making. Actions for the DH include:

- working with stakeholders to provide information on nurses' responsibilities in leading and coordinating care
- working to nurture nurses' abilities, and developing fast-track schemes for future nurse leaders.

Updating the image of nursing

To attract the best and most suitable people into the profession, outdated images and stereotypes must be tackled. The DH will work with stakeholders to agree and communicate key messages, for example the fact that nurses work in a wider range of roles and settings than ever before.

The document represents an important step in the evolution of nursing. In preparing the profession for the profound changes in healthcare, it will ensure the continued trust and support of the public.

More detailed information about how the recommendations will be taken forward will be published over the next year.

Links and info

- [View the document](#)

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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

Chief Nursing Officer Chris Beasley explains her plans to revitalise nurses' careers while also meeting the needs of patients and the health service.

I was very pleased this month to welcome Patricia Hewitt, the Secretary of State for Health, to one of my regular meetings with directors of nursing to launch *Modernising Nursing Careers – setting the direction*.

In this new report, we have analysed how nursing careers need to look in the future, and we make recommendations to ensure rewarding careers for nurses as well as high quality services for patients.

There is no doubt that nursing has changed radically over the years in terms of roles, responsibilities and how the profession is organised. I felt it was time to take stock of all of these changes and to set a new direction



for nursing careers that would help nurses to continue to have fulfilling working lives at the same time as meeting patient needs.

There are profound changes going on in the way healthcare is delivered, and nursing careers will have to respond to these reforms. Patients have also told us that they want care closer to home and to have more choice about when, where and how they are treated.

This means that in future many more nurses will work outside hospital settings, lead multi-disciplinary teams across health and social care, and develop advanced practice skills that were not thought possible 25 years ago.

Yet no matter how much nursing has changed, patients always tell me that they want to feel cared for and that both dignity and respect are important aspects of their care.

The recommendations in *Modernising Nursing Careers* retain these core values of nursing while creating a flexible workforce with new career pathways and choices that will meet the changing needs of patients.

I would like to thank all those people who have contributed to this report and helped us to take the first steps on the journey to modernising nursing careers.

Diary

CNO Conference – 1 to 3 November

The Chief Nursing Officer's Annual Conference, Valuing health, valuing care, inspiring confidence, will take place in Manchester in November. This event is a celebration of your achievements throughout the year, and provides an opportunity to discuss and debate the strategic vision of the nursing profession with your peers within a lively forum where you will learn, be inspired and share the challenges of delivering a world-class health system.

Although the event costs have been minimised in a range of ways, this will in no way affect the quality that you have come to expect from this event. Savings will be made through all communications around the event taking place via email, lower delegate fees and a range of alternative budget accommodation options for you.

Who should attend?

Directors of Nursing or the most senior nurse within the organisation in primary care, higher education and SHAs.

Invitations are being sent this week. If you feel you are eligible to attend and have not received an invitation, please contact the conference team at cno2006@evntsregistration.com and one of the team will be in touch.

PBC events – 3, 11 and 24 October

These three events, to be held in different locations in England, are designed to support the wider development of practice based commissioning (PBC).

The events are being organised by the National Association for Primary Care and the Primary Care Contracting Team. They are aimed at both PCTs and practices and will

stress the key role of PBC in terms of the wider commissioning reform agenda. The days will highlight examples of implementation from across the country and offer delegates the chance to have their questions answered and their concerns addressed.

● [View details and book](#)

MHRA study day – 3 November

The Medicines and Healthcare products Regulatory Agency (MHRA) is hosting a study day for practice nurses, including presentations from speakers on the safe use and management of medical devices. There will also be a presentation on vaccination and immunisation. Attendance is free but places are limited. Please contact george.thornton@mhra.gsi.gov.uk or telephone 020 7084 2316.

At-a-glance

- nurses in Leeds develop partnerships with healthcare, social services and voluntary sector staff
- innovative care models and joint working help to reduce unnecessary hospital admissions.

Developing professional partnerships

Developing professional partnerships to improve the speed and quality of care is one of the key ways that nurses can help to implement the recommendations of the *Our health, our care, our say* White Paper. These reforms are giving frontline staff more opportunity to get involved in shaping services for their patients.

At Leeds North West PCT, nurses are working successfully with other health and social care providers, including the voluntary sector, on a range of new services designed to improve care for older people.

The PCT now has seven community matrons based at local GP practices and is recruiting a further six. Each matron is responsible for managing all aspects of care for a group of patients with complex multiple conditions including chronic obstructive pulmonary disease, heart disease and diabetes.

Having undertaken an advanced clinical skills course and nurse prescribing course, they work with hospitals, primary care providers, social services and residential and nursing homes to provide everything the patients need to stay well

in their homes, rather than waiting for an emergency hospital admission before care kicks in.

The PCT is also forging links with local mental health services and voluntary groups to develop better care pathways for dementia and acute confusion, helping even more people to stay at home.

Jo Coombs, Director of Nursing for the PCT, said: "The community matrons have been extremely well received by patients and GPs, and early indications are that they are reducing unnecessary admissions to hospital."

The community matrons and district nursing night service are also part of the Rapid Community Response Service (RCRS) – working with the ambulance service and A&E to provide 24-hour crisis intervention. Following

referral via a single access number, a patient is assessed by a registered nurse and, if suitable, an intensive package of community care is implemented for up to 72 hours to prevent hospital admission. In its first year of operation (2005-06), the RCRS reduced acute admissions by four per cent.

For cases where hospital admission is necessary, the PCT has taken the innovative step of employing a discharge matron. Jo Coombs said: "Sometimes hospital staff are reluctant to discharge patients because they worry that there isn't a full care package for them in the community. The discharge matron, supported by an administrator who acts as a transfer of care coordinator, works to challenge this perception and bring about timely discharge."

Links and info

- For more information, email alan.bee@nhs.net or angie.clegg@leedsth.nhs.uk

At-a-glance

- nursing staff encouraged to respond to the consultation on the new commissioning framework
- framework explains why change is needed and gives updates on choice and commissioning.

Share your views on the commissioning framework

Nursing staff have until next month to let the Department of Health know their views on the new commissioning framework, published in July.

The document sets out a framework to strengthen commissioning, with a particular focus on practice based commissioning. The Department of Health has produced a summary of the key points for practice based commissioners. This is available by clicking on the news icon at

www.dh.gov.uk/pbc.

Peter Blythin, the Department of Health's Clinical Adviser to the health reform programme, is keen to encourage nurses and midwives to respond to this consultation. "The document seeks comments on the draft principles for choice, contracting for NHS

care, and the governance and accountability framework. These issues are relevant to all nurses and midwives."

Comments on the framework should be sent to nhs.reform@dh.gsi.gov.uk by 6 October.

Links and info

- [View the framework](#)

At-a-glance

- report measures advances in diabetes care since launch of National Service Framework
- nurses playing a vital role in integrated system of care
- pilot project provides nurse-led phone support to promote self care for diabetes patients.

Improvements and challenges in diabetes care

Nurses are playing a crucial role in caring for the estimated 2.35 million people in England with diabetes, according to a new report.

Turning the Corner: Improving Diabetes Care charts the progress made in diabetes care since the *National Service Framework for Diabetes* was published in 2002.

The report highlights the work of specialist diabetes, community and school nurses and also identifies the development of clinical

diabetes networks as an essential part of a system of integrated care. Each of the eight English networks is to receive around £300,000 to £400,000 annually to employ dedicated research nurses and other support staff to support clinical studies.

The report also stresses that the NHS must continue

to tackle the growing number of people who develop type 2 diabetes, which could often be prevented through improved physical activity and diet. It advises health professionals to educate people about lifestyle factors, while acknowledging different cultural requirements and individual needs.

Links and info

- [Read the full report](#)
- [View the National Service Framework for Diabetes](#)
- [View more diabetes case studies on the National Diabetes Support Team website](#)

Nurses provide telephone support for diabetes

Community nurses are providing telephone support to patients with diabetes and other long-term conditions as part of a pioneering self-care project in Birmingham. North and eastern

Birmingham PCTs are the first in the UK to implement such a scheme, which will be jointly run with NHS Direct and UK Pfizer Health Solutions. Ten nurses have been employed to make regular

phone calls to patients. Using specially designed software, they will help patients develop care plans and encourage them to be directly involved in managing their own conditions.

At-a-glance

- development of new strategy to improve end-of-life care for adults
- builds on White Paper commitments and successful initiatives including training of district nurses
- report to ministers due in the autumn.

Moves to improve end-of-life care

A new end-of-life care strategy is being prepared to address patient choice issues, together with the coordination, quality and funding of care at the end of life.

A new end-of-life care strategy is being prepared to address patient choice issues, together with the coordination, quality and funding of care at the end of life.

The strategy will ensure high quality end-of-life care for all patients, whatever their diagnosis, and whether they are cared for in hospitals, care homes or the community. It will set out milestones and work plans, and will provide guidance to commissioners and providers.

The strategy is being led by National Director for Cancer Professor Mike Richards, supported by National Director for Older People Professor Ian Philp and all

the other national clinical directors. The directors are due to report back to ministers in the autumn.

Expanding on the various end-of-life care developments announced in the *Our health, our care, our say* White Paper, the strategy will provide detail about the provision of:

- end-of-life care networks
- rapid response teams and hospice-at-home services
- more choice for people at the end of their life, allowing them to be treated at home when they are dying, while also recognising the wishes of family members who are caring for them
- equity of care, with people being treated with dignity and respect at the end of

their lives regardless of who they are or where they live

- a multi-disciplinary workforce strategy to make the best use of local skills and support the training needs of staff providing end-of-life care.

The strategy will build on previous initiatives, including the successful programme to train district nurses in palliative care, which was featured in last month's *CNO Bulletin*. This programme met a commitment in the *NHS Cancer Plan (2000)* to give primary health care teams the confidence to support patients with advanced diseases, and to help them stay at home for as long as possible during their illness.

Links and info

- [View more on end-of-life care](#)
- [Read the White Paper](#)
- [See the evaluation of the training programme](#)

At-a-glance

- programme funded nurse-led projects to improve services for older people
- nurses empowered to lead change, evaluate services, and develop new strategies
- projects promoted partnership working and health promotion.

Nursing projects promote healthy ageing

A successful programme to support healthy ageing offers key lessons for nurses about devising strategies, promoting healthy living, and partnership working.

The Developing Practice for Healthy Ageing programme, run by the Foundation of Nursing Studies (FoNS) in partnership with Pfizer, began in 2004 and completed earlier this year. The programme awarded four nurse-led teams £10,000 to develop and implement innovative projects designed to provide better care for older patients.

FoNS facilitators

encouraged the teams to listen to service users and challenge perceptions of healthy ageing, and empowered nurses to develop effective ways of evaluating practice.

Teams were also encouraged to take an active role in health promotion, helping older people make informed lifestyle choices.

In a positive example of partnership working,

the programme involved the voluntary and private sectors, the NHS, education and local authorities.

Ros Taylor, Fundraising Manager of FoNS, said: "The programme has helped to embed healthy ageing in daily nursing practice. We hope that other nurses will use the experience of these four projects to advance practice and improve patient care."

Ward Workout

One of the projects funded by the programme was the 'ward workout' at King's College Hospital – a nurse-led exercise programme for inpatients designed to complement the hospital's multidisciplinary falls service.

Nurses received specialist exercise training and an exercise assistant assessed selected patients, adding exercises to their rehabilitation programme. Patients were given a folder of personalised exercises

and an exercise diary plus plans for continuing exercise on discharge. The pilot project was so successful it has now become a core component of the rehabilitation service at King's.

Links and info

- [Read more about the DPHA programme](#)
- [See details of the ward workout scheme](#)

At-a-glance

- your chance to shape the future of choice policy
- share your views on how patient choice could be extended into other service areas, and how patients can be supported to make effective choices
- your views will feed into the new choice framework.

Building a better experience for patients through choice

Do you think there are opportunities to increase patient choice along the elective pathway? What do you see as the priorities for extending choice into services such as maternity, mental health, long-term conditions and end-of-life care? What information and support do patients and service users need to make effective choices?

The next steps in patient choice policies will be shaped over the coming months and the Department of Health (DH) would like to hear your views.

What does choice mean now?

The NHS is committed to giving people who need planned care the opportunity to choose from any provider nationwide that meets Healthcare Commission standards, and meets the price the NHS will pay, by 2008.

Patient choice for first outpatient appointments

for elective services was introduced in January. If a patient needs a referral to a specialist, they can choose from a list of locally commissioned services and all foundation trusts. Eventually the list will include approved independent sector providers and independent sector treatment centres.

What could choice mean in the future?

The DH is now gathering input from staff about other areas where it would be desirable to give patients more choice – for both elective care pathways and in

other service areas. The department has already held many face-to-face meetings with small groups of staff and has a formal Choice Reference Group. In addition, Choice and Choose and Book leads and interested voluntary sector groups have been consulting with colleagues.

Please send your views to choice@dh.gsi.gov.uk before 29 September. A new choice framework, to be published in the autumn, will set out the future direction for choice policy – and your input is vital to make sure it reflects patient and service needs.

Links and info

- [View the Choice matters report](#)
- [See more information on choice](#)

At-a-glance

- responsibility for hospital food transfers to National Patient Safety Agency
- new team to focus on the nutritional care of patients in hospital and the community
- comments invited on future plans.

Links and info

- [View more on the NPSA website](#)

Nutrition – a patient safety issue

The National Patient Safety Agency (NPSA) is now responsible for the national delivery and operational aspects of hospital food, following the abolition of NHS Estates in 2005.

A new team within the NPSA is leading the way in improving the nutritional care of patients in hospital and in the community. Following an analysis of information provided by NHS trusts, via the National Reporting and Learning System, the team has started to identify themes relating to nutrition and patient safety. This analysis will help to shape future programmes of work.

NHS Estates' Better

Hospital Food Programme delivered improvements in the quality and choice of hospital food. The NPSA will now concentrate on nutrition while still maintaining a focus on food quality and delivery. Projects for the coming year include:

- establishing a business case relating to the cost of malnutrition
- increasing nutritional screening of patients
- reviewing current practices regarding pre-

operative fasting

- reviewing protected mealtimes.

The team would like to hear about nurses' experiences and any views on future projects. For example, how do protected mealtimes affect your clinical practice? Please contact Caroline Lecko, Safer Practice Lead for Nutrition, at caroline.lecko@npsa.nhs.uk to share your experience and for more information.

Infection control round-up

Working to reduce infections

The Department of Health is looking for examples of good practice in infection control to share across the NHS. Have you reduced your organisation's MRSA or Clostridium difficile rates, improved cleanliness or made other improvements to prevent healthcare associated infections (HCAs)? If so, send details to reducingmrsa@dh.gsi.gov.uk

The latest figures from the Health Protection Agency shows that incidents of MRSA fell to their lowest winter total since mandatory recording began (2001), while reports of clostridium difficile infection rose by 17.2 per cent.

Code of practice

A new draft code of practice for the prevention and control of HCAs explains how staff can work to

ensure that patients are cared for in a clean and safe environment. The code supports the new Health Act, which gives the Healthcare Commission powers to issue improvement notices and recommend sanctions for bodies that significantly fail to meet its requirements in this area.

The code will come into force in October, and will form part of the Healthcare Commission's annual healthcheck for the period starting from April 2007.

- [View the code](#)

Going further faster

With all acute trusts now implementing the Saving Lives programme, the DH recently held a national event for NHS chief executives and board members to highlight the key actions required to deliver the national MRSA target.

The event shared learning from trusts that have made dramatic reductions in their infection rates. Speakers also urged delegates to implement the actions in the *Going further faster* guidance.

To help trusts reinforce high reliability, two additional high impact interventions for the use of peripheral lines and for the reduction of C. difficile have also been launched.

- [Read *Going further faster*](#)
- [View the new interventions](#)

Essential steps to safe, clean care

A new guidance document, *Essential steps to safe, clean care*, encourages PCTs, mental health trusts, ambulance trusts and care homes to deliver organisational wide plans to reduce HCAs. It includes specific tools designed to increase reliability and

reduce the risk of infection when using catheters and enteral feeding. In addition, revised guidance for infection control in care homes was launched in June.

- [View the *Essential steps* document](#)
- [View the care home guidance](#)

Infusion devices training

A new infusion devices training programme, developed in partnership with the National Patient Safety Agency (NPSA), is now available free of charge from www.clu.nhs.uk

Completion of the programme will:

- ensure that staff understand how to use infusion devices properly
- reduce HCAs and promote patient confidence
- help organisations meet Healthcare Commission standards.

Allergy services review

A new report, *Review of services for allergy: the epidemiology, demand for and provision of treatment and effectiveness of clinical interventions*, will be of interest to nurses involved in allergy care. It sets out the findings of a review of allergy services, which the Government carried out in response to a House of Commons Health Committee inquiry. It identifies actions that can be taken at both local and national levels to improve services for allergy.

● [View the report](#)

Keep warm and well

This year's Keep Warm Keep Well campaign is to start in early October. The campaign aims to reduce winter mortality by providing information about remaining healthy, energy efficiency, and available grants and benefits. An order form for campaign materials is being sent to relevant health and social care professionals.

● [View more information](#)

On the road to health

The National Step-o-Meter programme is issuing 100,000 pedometers and training 8,000 health professionals to help people get the most from them. The programme, jointly run by the Department of Health and the Countryside Agency, will target adults whose sedentary lifestyles are affecting their health.

● [See more details](#)

New NHS Chief Executive

David Nicholson CBE, formerly Chief Executive of the new strategic health

authority (SHA) for London, has been appointed as the new Chief Executive of the NHS. David has spent more than 25 years in the NHS, having previously worked as Chief Executive of several other SHAs.

Guidance on bipolar disorder

New clinical guidelines on identifying, treating and managing bipolar disorder have been released by the National Institute for Health and Clinical Excellence (NICE) and the National Collaborating Centre for Mental Health. Key recommendations include annual physical health checks for bipolar sufferers and careful monitoring of medication.

● [View the guidance](#)

Postnatal guidelines

New postnatal guidance from NICE recommends personalised postnatal care plans and programmes to encourage breastfeeding. In addition to the full guidance, NICE has published a quick reference guide for midwives and health visitors.

● [View the guidance](#)

CMO Annual Report

The Chief Medical Officer, Professor Sir Liam Donaldson, has published his Annual Report for 2005, *On the State of Public Health*. The report states that there are still wide ranging variations in medical practice across the country.

● [Read the report](#)

Electronic records taskforce

A new NHS Summary Care Record Taskforce, made up of clinical leaders, has been set up. The group will address the concerns of clinicians and patients

and will work with NHS Connecting for Health to draw up a plan for national implementation of the NHS Care Records System (CRS).

● [Read more on the CRS](#)

Trusts declare performance

Every NHS trust in England has made a self-declaration of performance against the Government's core standards. These form part of the new national performance rating system run by the Healthcare Commission, covering safety, clinical effectiveness and patient focus. The commission will publish overall performance ratings for trusts in October.

● [View the ratings](#)

Pneumococcal vaccine launched

An advertising campaign launching this month will publicise the introduction of pneumococcal vaccine to the routine childhood immunisation programme. The campaign explains the vaccine's benefits, assures parents that all children under two will be covered, and asks them to wait for their child to be called.

Information packs containing the new immunisation leaflets, surgery posters and factsheets were mailed to GP surgeries, pharmacies and NHS Direct in August.

● [View details](#)

Drug and alcohol treatment funding

Funding worth £54.9 million is to be allocated to SHAs for the development of inpatient and residential rehabilitation drug and alcohol services. Increased capacity and improved commissioning of these services will be vital to meeting the commitments made in the

National Treatment Agency's *Treatment Effectiveness Strategy* and the *Choosing Health* White Paper.

● [View funding details](#)

Care for substance misusers

The National Treatment Agency for Substance Misuse has published a guide to help practitioners, service managers and commissioners enhance care planning for substance misusers. *The Care planning practice guide* also provides guidance on how to integrate care planning into performance management and clinical governance mechanisms.

● [View the guide](#)

Sustainability guidance

The NHS Institute for Innovation and Improvement has published a sustainability model and guide, designed to predict whether improvements to healthcare services will be sustained. It advises teams about actions they can take to increase the chances of sustaining improvements.

● [See more details](#)

Blood transfusion report

The fourth annual report of the Chief Medical Officer's National Blood Transfusion Committee shows progress in extending safe and effective blood transfusion practice. It also cautions that this work must be maintained and extended.

● [Read the report](#)

Temporary staff updates

The NHS Purchasing and Supply Agency has developed a new framework agreement for the supply of agency nurses. The

framework, to be introduced on 1 October, applies to all English NHS organisations outside London and covers all nurses, including dental nurses, midwives, health visitors, healthcare assistants and operating department practitioners. The new framework introduces a transparent cost structure and aligns job descriptions to Agenda for Change.

Meanwhile, the National Audit Office (NAO) has published a guide to good practice in managing temporary nursing staff. An associated NAO report recognises that the NHS is making good progress in improving the quality and reducing the costs of temporary nursing staff. However, it estimates that £38 million to £85 million a year could be saved by better procurement and management. It also identifies that the costs of temporary nursing staff vary widely between trusts.

- [View the framework](#)
- [View the NAO reports](#)

Human tissue guidance

The Human Tissue Authority has issued a new code of practice on the removal, storage and disposal of human organs and tissue, including guidance on the disposal of existing holdings.

Trusts wishing to consider the disposal of such holdings can now do so, using the code as the basis for local decisions about timing and method.

- [See the guidance](#)

RTT measurements

Eight pioneer sites have developed new approaches to measuring referral to treatment times (RTT) to support the 18 week patient pathway. Each site has now created an RTT report to illustrate its own approach.

Solutions differ depending on the local situation but there are common themes, such as the need to change clinic outcome sheets to capture additional clock start and stop times.

- [View the RTT reports](#)

Child health and maternity bulletin

The seventeenth edition of the *Child Health and Maternity E-bulletin* is now available, providing regular updates on activities to support the delivery of the *National Service Framework for Children, Young People and Maternity Services*.

The bulletin offers managers and frontline staff the chance to share information about new roles and areas of emerging practice.

- [View the bulletin](#)

Health and Social Care Awards – deadline extended

The entry deadline for this year's Health and Social Care Awards, run by the Department of Health and NHS Institute for Innovation and Improvement, has been extended from 31 August to 31 October. There are 14 categories this year, including outstanding achiever, improving access, and improving health and well-being.

- [View details](#)

Mental Capacity Act update

The Mental Capacity Act 2005 is due to come into effect in April 2007. A best practice tool is now available to help statutory organisations and independent and voluntary hospitals implement the Act. In addition, there are new regulations, which explain the expansion of

the Independent Mental Capacity Advocate service created by the act.

- [Access the tool](#)
- [View the regulations](#)

Research for patient benefit

New funding is available to support projects that study the effectiveness of NHS services. The Research for Patient Benefit (RfPB) programme involves ten English regional panels, which will each commission local projects. The programme will fund research projects lasting up to 36 months with a budget of up to £250,000.

- [View details](#)

Mental health guidance

New best practice guidance has been published to help PCTs plan, commission and monitor services that will improve the physical well-being of people with severe mental illness. The publication, *Choosing Health: Supporting the physical needs of people with severe mental illness – commissioning framework*, describes the various roles and responsibilities and provides case studies.

- [View the guidance](#)

ePrescribing consultation

NHS Connecting for Health (NHS CFH) is looking for comments on a new ePrescribing functional specification.

The draft specification was developed following workshops with clinical staff including nurses and midwives. The purpose of the workshops was to capture specialty-specific requirements for electronic prescribing systems. NHS CFH has used the views

gathered to develop the draft specification.

The closing date for comments is 13 October.

- [Access the specification and comments form](#)

Advice on infant milks

From 17 September, infant milks based on goats' milk protein will no longer be sold in the UK. Nurses should inform parents that these milks are not nutritionally suitable for infants under one year, and provide individual advice about appropriate alternatives. Infants with cows' milk protein intolerance can be prescribed an extensively hydrolysed infant formula. Most babies who react to cows' milk protein will also react to goats' milk protein.

- [View details](#)

MHRA alerts

The Medicines and Healthcare products Regulatory Agency (MHRA) has published advice on the safe use of medical devices used by nurses, health visitors and their patients.

These include a medical device alert about an infusion pump, an update on blood glucose machines, advice on the safe use of electric indoor wheelchairs, and a poster with advice on accurate blood pressure measurement.

- [See the alerts](#)

Smoking consultation

Draft regulations on smoke-free premises and vehicles are open for consultation until 2 October. The legislation, due to be introduced in England next summer, will see virtually all enclosed public places and workplaces become completely smoke-free.

- [Access the consultation](#)