

News

At-a-glance

- nurse-led team moves alcohol-related care from hospital to community
- team cuts hospital admissions, length of stay and readmissions
- advice on identifying and tackling harmful drinking.

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Moving alcohol treatment to the community

A nurse-led service is moving the focus of alcohol-related care from hospital to the community, and cutting hospital admissions, length of stay, and readmission rates along the way.

Alcohol misuse costs the NHS around £1.6 billion a year. Alcohol is currently involved in 35 per cent of all A&E attendances, and 150,000 hospital episodes a year are alcohol-related.

The nurses in the alcohol services lifestyle team (ASLT) in Liverpool and Sefton PCTs are working to reduce these figures and to provide a seamless service across primary and secondary care.

The team's work focuses on prevention as much as treatment, and includes everything from brief intervention clinics for problem drinkers to chronic disease management for alcohol-dependent patients.

It is based on a model developed by nurse consultant Dr Lynn Owens and Professors Munir Pirmohamed and Ian Gilmore, consultant physicians at Royal Liverpool and Broadgreen University Hospitals Trust. In addition to Lynn, the team includes six alcohol specialist nurses (ASNs), a clinical support worker and administrator.

Identifying problem drinkers

Nurses could help more than 300,000 people a year to reduce their alcohol intake to low-risk levels by asking simple questions and offering brief information and advice.

The Alcohol Needs Assessment Research Project found that primary care teams tend to under-identify alcohol use disorders, especially in younger patients. Teams recognised harmful drinking in just one in 80 patients, and dependent drinking in one in 28.

Simply asking patients how much they drink is not enough to detect harmful drinking. The World Health Organization developed the Alcohol Use

Disorder Identification Test (AUDIT), which has become the gold standard for identifying alcohol misuse. However, at 10 questions long, it can be time-consuming.

A one-question version – the Single Alcohol Screening Questionnaire – involves asking patients when they last drank eight units (for men) or six units (for women) of alcohol on one occasion. People who have done so in the past three months should be offered brief information and advice.

Research shows that when patients who are drinking at hazardous levels are given brief advice, one in eight will moderate their drinking to low-risk levels.

Lynn explains how they work: "We have seven intervention clinics across Liverpool providing treatment, referral, diagnostics and prescribing – all of which help

to reduce readmission rates."

The clinics take place in GP surgeries and hospital outpatient departments,

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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. Please send your views on the content and design to Susan Frade at CNO-Bulletin@dh.gsi.gov.uk

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Voicepiece

Reflecting on my visits across the NHS and independent sector throughout the past year it is the innovation, enthusiasm and commitment demonstrated by nurses and midwives who have embraced change to improve patient care that stand out in what has been, without any doubt, a challenging time.

Over the coming year I want to look at how to sustain this effort, growing nurses' confidence in care, and in the way we can work together and with patients and the public. This will call for a focus on what I refer to as the 'constants' of care – the value base on which public trust rests and in which the profession is grounded.

With this goal in mind, I have identified four key priorities through the Modernising Nursing Careers programme for the year ahead.

The first is to continue developing the nursing workforce. This means exploring changes to nurse

Chief Nursing Officer Christine Beasley outlines key priorities for the year ahead

education at pre-registration and for specialist and advanced roles.

The second goal is to update career pathways and choices to enable the movement of nurses from hospital to community settings. This calls for a review of the preparation required for nursing in the community. It will continue to be important to involve the independent and third sectors in this process.

Third, we need to promote the type of leadership that always puts the patient first. This means preparing nurses to lead at all levels in a changed NHS, identifying nursing responsibilities for leading and coordinating care.

Finally, we need to look at how we can modernise the image of nursing and nursing careers so that patients and the public understand the range of things that nurses can do to support and care for them.

All these priorities give us a clear focus for the year



ahead. In the meantime I would like to take this opportunity to extend my best wishes for Christmas and the New Year to all nurses and midwives across the country.

Modernising Nursing Careers is available at www.dh.gov.uk/cno

CNO spring business meetings for directors of nursing

These meetings will be held on 20 April in Leeds and on 23 April in London. Invitations and further information will be sent to directors of nursing.

Latest publications

Make sure you're not missing out on tools and guidance that can help you do your job. Here is a round-up of recent publications from the Department of Health, all available from www.dh.gov.uk/publications

- *Handling concerns about the performance of healthcare professionals*
- *White Paper pilots: whole system long term conditions (LTC) demonstrator programme*
- *Creating a Disability Equality Scheme*
- *Diabetes Commissioning Toolkit*
- *Our choices in mental health framework*
- *Out and about - Wheelchairs as part of a whole systems approach to independence*
- *Midwifery leadership programme development workbook*
- *Our health, our care, our say: making it happen*
- *Health Challenge England – next steps for Choosing Health*
- *Code of practice for the prevention and control of healthcare associated infections*

Consultations

Nurses are invited to contribute their views to the following consultations.

- *The future regulation of health and adult social care* – closes 28 February
- *The code of practice for promotion of NHS services* – closes 28 February
- *Review of PCTs' Professional Executive Committees* – closes 7 February
- *Reviewing the Care Programme Approach* – closes 19 February
- *Emergency planning guidance for burn injured patients* – closes 31 January
- *Direction of travel for urgent care* – closes 5 January
- *Mass casualties incidents – a framework for planning* – closes 31 December

See www.dh.gov.uk/consultations for more details.

At-a-glance

- new Bill introduced to protect patients' rights and improve treatments
- measures include the introduction of supervised community treatment and more responsibilities for nurses
- the Bill also changes definitions and removes the treatability test.

The Mental Health Bill: what it means for nurses

The Mental Health Bill, which was published in mid-November, gives new roles to nurses, and introduces safeguards to protect patients and the public.

We spoke to Professor Louis Appleby, National Director for Mental Health, about the main changes and how they will affect nurses and patients. The key measures introduced by the bill are outlined below.

Supervised community treatment (SCT)

SCT will enable clinicians to provide more effective support to discharged patients who were originally detained under the current Mental Health Act. The Bill proposes that, where appropriate, these patients should be given a care plan for SCT on discharge. If a person breaks any of the conditions of their plan – for example by failing to take their medicine or becoming violent – the clinical team will be able to readmit them.

Professor Appleby explains: "There are groups of patients at the moment who don't get a good service. Even when they're 'well', they might stop their medication and they often relapse. At the moment,

there's nothing that staff can do to intervene, and families often end up very distressed and frustrated.

"SCT is used successfully in various other countries. A study in New Zealand showed that clinicians liked it, as did patients and families as they felt it led to better services."

Broader professional roles

Under the measures in the Bill, it will be possible for nurses, as well as psychiatrists, to be the clinical supervisor in charge of patients receiving SCT. This role replaces the responsible medical officer role.

Another new role, the approved mental health practitioner, will replace the approved social worker role. Again, it will be possible for nurses to act in this role, taking on responsibility for approving patient admissions.

New definitions

The Bill proposes a single definition of mental disorder

and also gets rid of the current 'treatability test', whereby some patients are excluded from services if they are deemed not to have treatable conditions. "We want to stop people being excluded unfairly, and we want the law to be based on needs not diagnosis," explained Professor Appleby.

More safeguards for patients

Other measures to protect patients include the power to introduce an earlier automatic referral to mental health tribunals. Also, patients will be given the right to appoint an acting 'nearest relative'. The Bill also introduces the Bournemouth safeguards, which are designed to ensure that patients who lack mental capacity, for example those with dementia, aren't deprived of their liberty when they are being nursed in a hospital or care home.

Links and info

- [View the full text of the Bill](#)

Links and info

- For more information, email Dr Lynn Owens at lynno@liverpool.ac.uk
- [View the AUDIT test](#)
- [Read the Department of Health's alcohol pages](#)

Moving alcohol treatment to the community

Continued from page 1

and aim to reduce alcohol-related harm and improve health and social functioning among hard-to-reach populations. People are referred to the clinics by GPs and A&E staff as well as via social services and the criminal justice system.

Evidence from the clinics is extremely positive – 96 per cent of patients say that talking to an ASN helped

their alcohol use, with significantly lower alcohol consumption recorded after six months.

"Working in primary care can really tackle the problem," says Lynn. "Our aim is to proactively prevent A&E attendances and unnecessary admissions to hospital, and reduce lengths of stay where admission is unavoidable.

"However, where patients are admitted, we

aim to optimise medical management and work towards early discharge by moving the focus of care from hospital to the community. The team can assess, treat and discharge five hospital inpatients and five A&E patients each day."

The team also provides training for other nurses to improve skills and confidence in alcohol-related care.

At-a-glance

- toolkit to help commissioners improve care
- advises on assessing local needs and provides generic specification for care
- aims to reduce postcode variations.

Toolkit for assessing and improving diabetes care

A new diabetes toolkit has the potential to “really make a difference” in diabetes care, says National Clinical Director for Diabetes Sue Roberts.

The *Diabetes commissioning toolkit*, developed by the Department of Health in conjunction with diabetes charities and professional bodies, has been produced to help service commissioners in PCTs and practices take a strategic approach to improving quality of care and making the best use of available resources.

But, says Sue, it is also relevant to all people who work in diabetes care, including nurses. “I just think this toolkit is fantastic because it’s very practical,” she said. “The *Diabetes National Service Framework (NSF)* has the remit to raise quality and reduce variations in treatment across the country. Through this

toolkit I hope that every single postcode will be a good one for diabetes. I think this will really make a difference to people with the condition.”

The first section of the toolkit provides advice on how to carry out a health needs assessment to help commissioners benchmark current services and prioritise areas for improvement.

It suggests questions to ask to build a picture of local need, for example:

- how common is diabetes locally?
- what are the risk factors and the health inequalities?
- how many diabetes related hospitalisations were there in the last year?

Section two outlines the core elements of high quality diabetes

care, pointing to relevant quality markers such as NSF standards and NICE guidelines.

It also suggests key outcomes that commissioners might want to specify as part of the service provider’s contract. For example, key outcomes in relation to children and young people would include improved educational attendance and a reduction in acute admissions for ketoacidosis.

With an estimated 2.35 million people with diabetes in England – a figure predicted to grow to more than 2.5 million by 2010 – diabetes services currently account for 5 per cent of all NHS expenditure and 9 per cent of hospital expenditure.

Links and info

- [Access the toolkit](#)

At-a-glance

- new framework gives increased choice to mental health patients
- individuals given more options for assessments and treatment
- framework advises professionals on how to extend choice.

More choice for better mental health

People with mental health problems will have more choice about their treatment and care as a result of new guidance from the Department of Health.

Our Choices in Mental Health, written in consultation with service users and carers, provides advice to patients as well as guidance for professionals. It makes recommendations in the four main areas where people want more choice, as follows.

Life choices

Mental health professionals need to consider all aspects of individuals’ lives and

work with them and their carers to maintain their quality of life. This could include providing health promotion services to help people reduce risks and manage their illness.

Contacting mental health services

People should be able to choose how to contact mental health services, for example through community or self-help groups or via extended primary care services as well as through their GP. Advice to help users navigate the system and discuss their options should be easily available.

Assessments

Assessments should be based on a discussion of service users’ needs and the options available. Except in emergencies, everyone should be given a choice of the time, place and date of their assessment.

Care and treatment

Service users should be supported to make more decisions about care and treatment for themselves.

The report includes several examples showing how these improvements are already being achieved in many areas.

Links and info

- [View Our Choices in Mental Health](#)

Following the implementation of the new Disability Equality Duty, we look at the guidance and support available to help nurses meet the needs of people with disabilities and learning disabilities

Producing a disability equality scheme

From December, the Disability Equality Duty requires all NHS organisations to produce a Disability Equality Scheme that describes how they will promote equality of opportunity for people with disabilities.

A new Department of Health guide, *Creating a Disability Equality Scheme: A Practical Guide for the NHS*,

provides advice about how to produce such a scheme. It sets out the rationale behind the new duty, and explains the outcomes that the schemes should seek to achieve.

It also gives advice on the processes and actions required to produce and implement a scheme, as well as providing links to sources of further information and support.

The guide points out that the new schemes are more than just a legal requirement, and offer "an opportunity to review and undertake real improvements in access to employment and services for disabled people".

It adds that the requirement to involve disabled people in all aspects of this work will help to ensure that the results are "useful, usable and used".

Links and info

- [View Creating a Disability Equality Scheme](#)

Disability Rights Commission DVD

A new report by the Disability Rights Commission (DRC) highlights "overwhelming" inequalities in primary care experienced by people with learning disabilities and/or mental health problems.

Equal Treatment: Closing the Gap – produced following an 18-month investigation – states that people with these problems have a greater likelihood of

major illness, of developing health problems at an earlier age, and of dying earlier.

One of the reasons is thought to be that many patients with learning disabilities have difficulties gaining access to services and getting the necessary treatment and support.

Now the DRC has produced a training and awareness-raising DVD for NHS staff, which highlights

the NHS experiences of people with mental health problems and those with learning disabilities.

The DRC has also made recommendations about improving healthcare for these groups. Nursing and medical staff are encouraged to look for physical health problems rather than assuming that every complaint is to do with psychiatric problems or learning disability.

Links and info

- [View the findings and recommendations](#)
- [Order the DVD](#)

Guidance for learning disability nursing

Important new guidance for learning disability nursing is being developed by Chief Nursing Officer (CNO) Chris Beasley, in collaboration with learning disability service users, carers and employers

Good Practice in Learning Disability Nursing will highlight current good practice and the principles that support it. It is aimed at learning disability

nurses in both hospital and community settings.

Chris said: "People with learning disabilities are amongst the most vulnerable to abuse in society and they often have unmet physical care needs. We need to do more to ensure such needs are met.

"The work of learning disability nurses is very diverse and challenging and has

changed hugely over the last few years with a shift from institutionally based care to a range of community settings. Because of these changes and diversity of practice, the profession is keen to have guidance that describes good practice in different settings."

The guidance is due to be published next summer.

Help for parents with learning disabilities

Health visitors are being asked to give parents with learning disabilities a new book about caring for a baby.

Produced in 'easy read' format, *You and Your Baby* uses graphics to help people who have difficulty reading

and is designed to supplement the *Birth to 5* book already given to all pregnant women.

Produced by the voluntary organisation CHANGE with help from a Government grant, the book is part of the Department of Health's

work to comply with the new Disability Equality Duty, which requires public sector bodies to work towards equal outcomes for disabled people in various areas, including parenting.

Copies can be ordered on 08701 555 455.

Links and info

- [View the publication](#)

At-a-glance

- masterclass focuses on meeting the needs of children
- another session encourages nurses to develop their own solutions
- patient-led session looks at the history of HIV treatment and the importance of respect and continuity of care.

Views from the CNO conference

We bring you some insights from two of the most popular masterclasses at last month's CNO conference, along with one session led by patients.

"One of the best conferences I've been to in recent years" is how one delegate described their experience at November's event in Manchester. For those who didn't attend, some of the highlights are outlined below. A full report is at www.dh.gov.uk/cno

Masterclass: Every child matters

This session focused on the importance of addressing the needs of children to prevent future health problems.

Donna Kinnair, Director of Clinical Leadership and Nursing, and Head of Children's Integrated Commissioning at Southwark PCT, explained that working in a PCT with high rates of teenage pregnancy, obesity, sexually transmitted infections and infant mortality has highlighted the importance of including children's issues on the wider health agenda.

Donna outlined recent work she had undertaken to break down barriers between health, social care and education to improve services for local children.

Janet McDonald, Director of Child and Family Health from St Helens and Halton PCT, echoed the importance of service integration. Both agreed that integrated services and joint commissioning across health, social care and education are proving vital to streamlining services and releasing money for reinvestment.

Masterclass: System reform

Ian Dodge, Director of the Department of Health Policy Support Unit, told delegates

to adopt a bottom-up management approach. Devolution of power to organisations is vital to the creation of a new, improved NHS, he said, and will pave the way for self-sustaining reform.

Ian stated that it's crucial for senior nurses to understand the reforms fully, to shape the future world of health and social care, and to align fragmented programmes. He added that, although some centrally led mechanisms are necessary to improve quality and equality, they are not ends in themselves. Instead, he encouraged delegates to find their own solutions. "It's about encouraging people not to look up to the centre but to the patients instead," he told the group.

Patient story: Journeys through care

In this session, Laura Towell and Ian Spelling from the Terrence Higgins Trust described their experiences of living with HIV for a combined period of 31 years.

While the NHS wrestles with encouraging the public to take personal responsibility for their health, Laura and Ian underlined how they had taken control of disease management from the beginning, even moving hundreds of miles to access better services.

Both suffered stigma in the early days when health professionals wrapped themselves in layers of protection. However, they have since watched the development of specialist patient-centred services with specialist nurse consultants and HIV

community nurses.

For both patients, the ability to make informed choices and enjoying a relationship of mutual respect, trust and continuity with healthcare staff have been vital elements of their care, and have enabled Laura to live without treatment for more than a decade.

One nurse who attended the session described it as "an excellent patient perspective, offering learning for the NHS about treating people with respect and dignity".

Other sessions: football, brands and comedy

Other sessions looked outside the health service for a new perspective on issues faced by nurse leaders.

Karren Brady, Chief Executive of Birmingham Football Club, provided a session about management, with "key messages that were very transferable to the NHS". One delegate described it as "so real, so true, so affirming and so inspiring".

Eleri Sampson, author of *Build Your Personal Brand*, delivered a "very inspirational" session entitled *Marketing Yourself for the 21st Century*. One delegate said it provided "real concrete areas to take back and work on".

In *An Alternative View*, men's health researcher John Ryan offered a humorous look at the serious issue of engaging men in their health, with a focus on testicular cancer. One attendee said: "Through the humour, he reminded me what nursing is all about – delivering care that matters to the people who need it."

Links and info

- [View the full conference report](#)

MRSA data reminder

Any queries relating to data collection and checking of the MRSA returns for April to September 2006 must be concluded by 16 December 2006 to prepare for quarterly publication. Email enquiries to Patrick.Hennessy@dh.gsi.gov.uk or mandatory_surveillance@hpa.org.uk

Practical PBC guide

New guidance on practice based commissioning (PBC) has been published by the Department of Health, aimed at helping PCTs encourage more practices to adopt PBC.

The guidance, *Practice based commissioning: practical implementation*, recommends reducing bureaucracy, strengthening local incentive schemes and increasing practices' financial freedom.

● [View the guidance](#)

Intensive care cot locator system

A new system will allow nurses to see at a glance where intensive care cots for sick and premature babies are available around the country.

Around 17,000 babies a year require intensive care, and around 95 per cent of care occurs locally. The National Cot Locator will be used where babies have to be transferred outside the local network or to more specialist units, making transfers faster and better coordinated.

Patients surveyed on GP access

The new GP Patient Survey will give patients the chance to have their say on how easy it is to see their GP, and will reward those practices

offering the best access to services. Around five million randomly selected patients will be sent the survey in January.

An average practice with a list of 6,000 patients will have the chance to earn over £8,000 in incentives if they are responsive to patients' views.

● [View more details](#)

NHS Direct online relaunch

The NHS Direct website has been redesigned with a range of new features, including improved accessibility, an A-Z index to the health encyclopedia, and a new *Mind and body* magazine with health news, advice, and interactive tools.

● [Visit the new site](#)

Regulatory bodies to merge

A new consultation document, *The future regulation of health and adult social care in England*, confirms the Government's proposals to merge the Healthcare Commission, Commission for Social Care Inspection and the Mental Health Act Commission into a single regulator in 2008. The changes reflect the increasing collaboration between health and adult social care.

● [View the document](#)

Promotion of NHS services

The Government is consulting on a draft *Code of Practice for promotion of NHS services*. The code covers promotional activity directed at both the public and referring clinicians. It's designed to ensure that patients receive reliable, accurate information to support their choices.

● [View the draft code](#)

FoNS awards

The Foundation of Nursing Studies (FoNS) Small Projects Programme is looking for clinically based nurses, midwives and healthcare teams who have ideas for improving patient care in the UK. The programme offers help, advice and up to £2,000 to support plans to change healthcare practice. For details contact Kate Sanders at FoNS on 0207 233 5750 or email kate.sanders@fons.org

● [See programme details](#)

Get involved with NHS CFH

A new leaflet, *How clinicians can get involved with the National Programme for IT in the NHS*, has been published by NHS Connecting for Health (NHS CFH). It gives clinicians a quick overview of the programme and how they can get involved.

● [View the leaflet](#)

Suicide guidance

The Care Services Improvement Partnership has recently published *Guidance on action to be taken at suicide hotspots*. The guide provides advice on how to identify potential hotspots and measures, such as installing telephone helplines, to deter people who want to kill themselves.

● [View the guide](#)

New foundation trusts

Three new NHS foundation trusts (FTs) have been authorised by Monitor, the independent regulator, making a total of 52 FTs in England. The new FTs are:

- South London and Maudsley
- Tavistock and Portman
- University Hospital of South Manchester.

● [View a list of all NHS FTs](#)

Productivity metrics

New data from the NHS Institute for Innovation and Improvement show how individual NHS trusts perform on a number of key indicators of efficiency, including clinical productivity and financial management. If all trusts performed at the level of the top quarter for each indicator the NHS could save £2.2 billion.

● [View the results](#)

Wheelchair services report

A new report makes several recommendations for improving the provision of wheelchair services, including the introduction of high quality benchmarks and voucher schemes to give users more choice. The report, *Out and About*, forms part of the Transforming Community Equipment and Wheelchair Services Programme run by the Care Services Improvement Partnership.

● [View the report](#)

Improving the state of healthcare

The Healthcare Commission's annual *State of Healthcare* report highlights achievements including shorter waits for A&E and outpatient appointments, and reduced deaths from heart disease and cancer. The report attributes these improvements to the increased capacity of the NHS, including a 24 per cent rise in staff numbers between 2000 and 2005.

● [View the report](#)

Continued from page 7

Incontinence guidance

A new clinical guideline on managing urinary incontinence (UI) in women has been published by NICE and the National Collaborating Centre for Women's and Children's Health. The guidance covers diagnosis and effective treatments for different types of UI, which affects five million women in the UK.

● [Read the guidance](#)

Occupational health funding

The Department of Health is investing £10 million to improve the provision of occupational health (OH) services to NHS staff and to increase the availability of NHS Plus, the network of NHS OH departments that serve small and medium sized enterprises. The money will be used to fund pilot projects, for example providing NHS OH units in business parks to bring services closer to workforces.

● [View details of the funding](#)

Help for displaced NHS staff

The online NHS Jobs service is being enhanced to provide a redeployment facility for staff who are at risk of redundancy. The improved service is part of a range of measures announced in a new framework from the Department of Health and NHS Employers, which gives support and advice to help NHS organisations manage workforce challenges.

● [View details of the service](#)

Making blood transfusions safer

New measures to improve the safety of blood transfusions have been announced by the National Patient Safety Agency as part of its 'Right patient, right blood' project to develop and evaluate new safety strategies. The measures include the introduction of photo ID cards for regular patients and electronic tracking for patients and blood.

● [View more details](#)

Sexual health campaign

A new sexual health campaign highlights the unseen dangers of sexually transmitted infections (STIs) and urges sexually active young adults to use condoms. The campaign, part of the Department of Health's sexual health and HIV strategy, focuses on the physical consequences of catching an STI and the fact that infections are not easy to spot.

● [View the campaign site](#)

Review of palliative care for children

A review of the long term sustainability of children's palliative care is being led by Professor Alan Craft and Sue Killen, and is due to be completed by the spring. The pair are arranging meetings across the country with professionals, carers, children, and voluntary and statutory groups. The consultation document is available from childpalliativecare@dh.gsi.gov.uk

National patient choice survey

The first results of the National Patient Choice

Survey, based on responses collected in May and June, show that 30 per cent of patients remembered being offered a choice of hospital for their first outpatient appointment. This figure was more than 60 per cent in 14 PCTs, and as low as 10 per cent in three PCTs.

Of those patients who were offered a choice, more than 75 per cent were satisfied with the process.

● [View the survey results](#)

Guidance on services for autism

The National Directors for Learning Disability and Mental Health have commissioned a new document, *Better Services for People with an autistic spectrum disorder*. It clarifies the nature and intent of current government policy and describes good practice as it relates to adults with an autistic spectrum disorder.

● [View the guidance](#)

Care Programme Approach review

The Government has launched a consultation to inform its review of the Care Programme Approach (CPA). The consultation document outlines proposals to reduce bureaucracy, give people a greater say over their care plans, and support people with the most complex needs. The consultation closes on 19 February.

● [Access the consultation](#)

Parenting support pilots

PCTs and local authorities are invited to make joint applications to become demonstration sites for the health-led parenting support programme for 'at risk' families. The sites, funded by the Department

of Health and Department for Education and Skills, will test a programme of intensive home visiting delivered by midwives and health visitors. Bids must be submitted by 15 December 2006.

● [View the application form](#)
● [Read details of the scheme in last month's CNO Bulletin](#)

Online tool supports 18 weeks delivery

A new online tool has been developed to support delivery of the 18 week patient pathway. It focuses on good practice in three areas: patient experience, managing flow, and optimising workforce productivity.

The tool makes it easy to identify the most effective service redesign/modernisation techniques for each particular point on the pathway.

A poster to support the tool has been sent to chief executives to share with their directors of modernisation. For your copy, email 18weeks@dh.gsi.gov.uk

● [Access the tool](#)

Dignity in care campaign

The Department of Health's new Dignity in Care campaign focuses on older people. It involves a package of measures including new guidance, a network of local champions and the Dignity Challenge, a 10-point plan for services. A £67 million grant will help local authorities improve the physical environment of care homes.

The campaign's focus will be extended to include all adult groups from next summer.

● [View campaign details](#)