

News

At-a-glance

- individual trusts are working to increase choice for mothers-to-be
- self-assessment tool helps commissioners ensure services meet local needs
- Midwifery Week focuses on perinatal mental health.

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More choice in maternity services

Following last month's launch of the *Maternity Matters* framework, progress is already being made in improving maternity services, with an increasing number of trusts offering improved choice for women.

Maternity Matters outlines four national choice guarantees for maternity care alongside measures to improve access to services.

In line with the national choice guarantees, the maternity service at Ashford and St. Peter's Hospitals NHS Trust in Surrey is already offering the option of midwife care, care with a GP, or consultant care for women who have specific needs.

Women can also opt for a home birth, birth in a 'home from home' community-based midwifery facility, or birth in the hospital labour ward.

Eileen Nolan, a practising midwife and the trust's Associate Director for Maternity Services, said: "Many women access midwife care directly without going through a GP but some prefer to discuss the choices with their GP and then be referred for care. Either way, we work in partnership with them to try to deliver the care that's right for them."

"Some of the proposals in the *Maternity Matters* document will require
Continued on page 3



Midwifery Week focuses on mental health

The theme for this year's Midwifery Week was perinatal mental health and well-being. The aim was to highlight the important role of midwives in achieving a positive birth experience and ensuring the well-being of women and their babies.

The week, organised by the Royal College of

Midwives in association with mental health charity MIND, culminated in the International Day of the Midwife on 5 May, with the theme 'Midwives keep birth normal'.

See Diary, page 8, for details of the RCM Annual Conference, taking place from 22 to 24 May.

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For links to more detail on all the stories in the bulletin, view the electronic version of the bulletin at www.dh.gov.uk/cnobulletin

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



Chief Nursing Officer Christine Beasley highlights the importance of meeting patients' rising expectations and improving the environment of care.

This month we

celebrate both the International Day of the Midwife (see page 1) and International Nurses Day (see page 6). The environment we work in is a fitting theme for Nurses Day this year. Nurse and midwifery leaders and managers must create environments where staff can care with confidence: too often care is compromised by environmental factors, poor communication and outdated working practices.

Whatever the environment, working closely with patients is at the core of nursing practice. But patients are changing. They are less deferential, often better informed and, as active consumers and citizens, they have higher expectations than ever before.

Listening to patients and looking at data trends, it's

clear to me that, despite many real improvements, we still have a way to go before we achieve the goal of a patient-centred service, managed for the benefit of those who fund and use it.

As nursing remains the quality touchstone for most patients, it should be at the forefront of change. This will require a shift in power relations, and a refocusing of energy on quality and improving patient's confidence in care. We must preserve the dignity of patients, protect them from needless infections and risks, and ensure that caring and cultural competences advance alongside medical knowledge and technical skills.

As well as continuing the fight against infection, I am working with services to improve the patient's environment. The report of the NHS Institute's Productive Ward initiative (see Latest publications, page 8), aims to tackle some

of these issues and release more time to care.

Also useful in driving improvements is the King's Fund's Enhancing the Healing Environment programme, which encourages nurse-led teams to make changes to the environment in which they care. See page 6 for details.

Work is also taking place with key stakeholders to develop better metrics and tools to improve confidence and drive up standards. This includes a new Essence of Care Benchmark focusing on the care environment. Details will be included in future issues of the bulletin.

Events such as Nurses Day provide an opportunity to raise awareness of the difference nurses can make to the environment of care, improving individuals' experiences and promoting confidence in care.

Delivering the highest levels of care for all will not happen unless we all play our part.

Organisational changes at the Department of Health

As a consequence of the decision to separate the roles of Permanent Secretary and NHS Chief Executive, and as a further step in transforming the health and social care system, the Department of Health has made some organisational changes.

NHS Chief Executive David Nicholson has created three new roles in his team: Director General for Commissioning and System

Management, Director General of Finance, Performance and Operations, and a new Medical Director for the NHS. These new posts form part of the new NHS leadership team, alongside the ten SHA chief executives and four existing director general posts: Chief Nursing Officer, Director General of NHS IT, Director General of Workforce and Commercial Director General.

Consultations

Nurse prescribing proposals

The Government has launched two consultations on proposals to extend the prescribing powers of nurses. The proposals include the prescription of controlled drugs by nurse prescribers and the supply of morphine and diamorphine under patient group directions.

● [Access the consultation](#)

Public health reform

The Department of Health has published a consultation paper on proposals for changes to Part II of the Public Health (Control of Disease) Act. The aim is to strengthen the response not only to infectious disease but also to contamination by chemicals or radiation. The consultation closes on 25 June.

● [View the consultation](#)

At-a-glance

- peer review visits help spread best practice
- visits focus on improved interventions and prevention
- new monitoring system for *Clostridium difficile*.

Nurses lead action to prevent infection

Nurses are taking part in peer review visits to help reduce the rate of healthcare associated infections (HCIs), including MRSA and *Clostridium difficile*, in the NHS.

South Central SHA introduced the visits as part of its focus on improving interventions and prevention rather than just managing the control of infections.

"The visits are proving extremely beneficial," said Katherine Fenton, Director of Clinical Standards and Chief Nurse at the SHA. "They are being well received to the point where organisations are now asking for a visit.

"During the visits, staff from individual trusts work with the SHA's experts in infection control to review each other. The emphasis is on a whole system approach – we're not just looking at the acute organisation but involving PCTs and the community as well."

Both Katherine and Liz Redfern, Director of Patient Care and Nursing at South West SHA, explained their SHAs' approaches to infection prevention at the Chief Nursing Officer's recent spring business meetings held in Leeds and London in April.

SHA chief nurses at the meetings were also given an update on the nationwide response to reducing rates of MRSA. The target is to

CONFERENCE: A practical guide to reducing *Clostridium difficile*

11 July, Manchester

Keynote speakers include Chief Nursing Officer Christine Beasley and Professor Mark Wilcox, Clinical Director of Microbiology and Director

of Infection Prevention and Control at Leeds Teaching Hospital NHS Trust.

For details see www.healthcare-events.co.uk

halve the rate of MRSA bloodstream infections in acute trusts by March 2008.

New *c. difficile* monitoring system

A new web-based system to improve the monitoring of *Clostridium difficile* (*c. difficile*) has been introduced to help trusts and PCTs to monitor progress in meeting local targets and to identify 'infection hotspots'.

The new system, modelled on the MRSA data collection method, will provide a better national picture of the incidence of *c. difficile*-associated diarrhoea by collecting data on nearly all cases rather than just those in people over 65.

Chief Nursing Officer Christine Beasley said: "The

MRSA surveillance system is widely regarded as one of the best in the world and our experience has allowed us to learn much more about sources of infection and the specialties where MRSA bacteraemia occur most often.

"This knowledge has helped hospitals to target these areas and drive MRSA infection rates down and we want to replicate this approach for *c. difficile*."

Share your successes

If you have helped to reduce infection rates in your organisation, visit www.clean-safe-care.nhs.uk to share your learning with others and join the HCAI improvement community.

Links and info

- Details of the *c. difficile* monitoring system

Links and info

- Maternity Matters self-assessment tool
- Midwifery Week
- RCM Annual Conference

More choice in maternity services

Continued from page 1 investment and some won't, but we are looking forward to working with the trust, Surrey PCT and the local Maternity Services Liaison Committee to achieve the framework's commitments by 2009."

Self-assessment tool

A self-assessment tool for commissioners has been published alongside

the *Maternity Matters* framework to help PCTs and their partners ensure that maternity services meet the needs of local people and address health inequalities.

The tool, *Improving the quality and outcomes for maternity service users through effective commissioning*, includes six worksheets that guide commissioners through a series of questions to

help them evaluate their performance in:

- assessing need and reviewing service provision
- shaping the structure of supply
- managing demand
- clinical decision making
- managing performance
- patient and public feedback.

At-a-glance

- Healthcare Commission study highlights endoscopy waits
- National Endoscopy Project is looking at ways to tackle long waits
- nurses in Stevenage take the lead in admitting and discharging endoscopy patients.

The role of nursing in cutting endoscopy waits

As the Healthcare Commission highlights long waiting times for endoscopy in some areas, we look at the role of nurses in cutting waits.

Each year just over a million patients in England undergo an endoscopy – a procedure used to detect conditions such as bowel cancer and stomach ulcers.

A recent Healthcare Commission report found that, although waiting times for endoscopies are improving, people in some areas of the country are still waiting too long.

All diagnostic tests should now be carried out within 13 weeks of referral to help meet the 18-week referral to treatment target. However, at the end of last year, the Healthcare Commission (HCC) found that 31 percent of people waiting for a colonoscopy and 20 percent of those waiting for a gastroscopy (both are types of endoscopy) had been waiting for more than 13 weeks. The HCC's recommendations for reducing waits include making greater use of nurse endoscopists.

National Endoscopy Project

Cutting endoscopy waits is vital for meeting the 18-week target, and also critical for ensuring access to bowel cancer screening.

To tackle long waits, the Department of Health has set up the National Endoscopy Project (NEP). One of the project's priorities for the coming year is developing the workforce, and this means more opportunities for nurses. Plans include:

- encouraging more nurse endoscopic training
- developing existing nurse endoscopist roles
- developing a leadership support package.

Nurse consent and discharge speed up endoscopy services



Nurses at Stevenage's Lister Hospital are taking the lead in admitting and discharging endoscopy patients – boosting the unit's efficiency and improving patient satisfaction.

In response to patient complaints about the way they were admitted to the endoscopy unit and the length of time they had to spend there, the team set about improving the service.

The average time a patient spends in the unit is now two-and-a-half hours, compared to an entire morning previously. This reduction is due to a combination of new staggered admission times, the introduction of nurse consent for the procedure and nurse discharge afterwards (in

the past, patients had to wait for a doctor in both cases), and a range of specific consent forms for different procedures, which speed up the admission process.

One nurse stays with the patient from admission to discharge, which reassures the patient and reduces the risk that aspects of the procedure may be overlooked. It also gives the nurse more involvement and autonomy in dealing with a particular patient.

"Patients seem very happy with the changes we have made," says the unit's senior nurse Pam Hardman. "We get great feedback from our patient surveys and the number of complaints fell from 25 in 2003/04 to just four in 2005/06."

A new tool developed by the NEP is being used to assess patients' experiences at endoscopy units through a process of

peer review. The NEP has also developed tools to support the workforce and help assess productivity in endoscopy units.

Links and info

- [Healthcare Commission report](#)
- [National Endoscopy Project website](#)
- [18 weeks website](#)
- [Details of the NEP's assessment tools](#)
- For details of the Lister Hospital project, email peter.gibson@nhs.net

At-a-glance

- specialist COPD nurse works in the community to prevent hospital admissions
- the service cut admissions and saved £28,000 in six months.

COPD community nursing service reduces hospital admissions

A specialist community nursing service in Bedfordshire PCT is reducing avoidable hospital admissions and improving care for patients with chronic obstructive pulmonary disease (COPD).



The service aims to get to patients early in order to support and treat them, for conditions such as bronchitis and emphysema, in their own homes, avoiding future hospital admissions

Introduced last year, the service reduced hospital admissions for participating patients by 76 percent in the first six months.

"The care provided by the community respiratory nurses has been invaluable to me," says Chris Bedwell, pictured above, one of the patients to benefit. "The ongoing support I receive has given me the confidence to manage my own care at home."

Linda Lomax, pictured with Chris, is the community-based COPD specialist nurse for the service. She liaises daily with the hospital respiratory nurse, patients' GPs and other members of the primary care team to identify patients with COPD and to coordinate their care.

"We want to pick up

patients after their first ever admission and get them to work with us and to know there are alternative means rather than going into hospital," explains Linda.

Within 72 hours of a patient's discharge from hospital, Linda visits the patient in their own home. Her aim is to prevent symptoms from worsening and to provide the right treatment when they do.

In the first six months of the new scheme, the service directly avoided 15 hospital admissions and saved £28,545. Analysis also shows there were only nine hospital admissions among the 73 patients involved during the first six months, compared with 75 admissions during the previous year. This is equivalent to a 76 percent reduction.

"The service has been a way of empowering patients to take some responsibility for their own disease," Linda said. "It's

not always about adding in another prescription, it's about teaching them to eat properly, sleep properly and self-manage, and showing them exercises and breathing techniques."

An audit of patient satisfaction for the service found that 82 percent of patients were very satisfied with the care they had received.

In the future, Linda hopes to implement a short course to help improve the quality of life for COPD patients. During the course, patients could take part in exercise, ask about their medication, and receive advice and information on subjects such as giving up smoking, diet and available benefits.

"The service definitely has the potential to grow," says Linda. "It's better for patients to be able to stay in the community because they can be treated where they want to be by the person they want to treat them."

Links and info

- For details of the service, email linda.lomax@bedfordshirepct.nhs.uk

At-a-glance

- toolkit provides guidance for health professionals on how to tackle obesity and overweight
- nurses in primary care are well placed to offer counselling and information on diet and exercise
- the role of school nurses is to be expanded and developed.

Tackling obesity: the next stage

Nurses are set to benefit from a new toolkit designed to help NHS organisations develop local strategies to cut growing obesity rates.

Statistics indicate that about one third of adults and one fifth of children aged 2 to 10 years will be obese by 2010 unless action is taken.

The new toolkit, *Lightening the Load: tackling overweight and obesity*, was produced by the National Heart Forum in association with the Department of Health to help organisations develop local obesity strategies. It contains links to the best sources of information about care and treatment for obesity.

According to Liz Plastow, Professional Officer for Public Health and Primary Care Nursing at the Department of Health: "Nurses across all settings and professional groups have a contribution to make in tackling obesity, for example by communicating the need for a more active lifestyle or recommending changes in eating patterns."

Primary care

The primary care section of the toolkit is particularly relevant for practice

Community programme improves nutrition in Sheffield

Health visitors, community nurses and midwives in Sheffield are making a significant impact on local obesity levels.

The community based teams work in an area of deprivation where there are a lot of nutrition issues. Their aims is to improve family nutrition and reduce health inequalities and obesity. Staff make assessments of child and

family nutrition levels, as well as helping to promote and support breastfeeding.

Anne McClelland, leader of the local visiting teams, said: "The advantage of working in the community is that you get to know families and gain their trust. We know families are making an effort to include more in the family diet and people are talking about cooking in different ways."

nurses, health visitors and community nurses as they are well placed for detecting and managing obesity in high-risk patients.

The guide recommends nurse-led counselling, backed up with support material on dieting and physical activity, as part of basic lifestyle advice. It also advises that nurses have a key role to play in establishing local obesity action teams.

School nurses

Schools are another essential outlet for guidance and nurses are central to success in this area. The toolkit explains how the number of school nurses is set to be increased. As a result, their role will be expanded and developed to help provide children and their families with individual support and advice to prevent obesity and promote healthier eating.

Links and info

- [Download the toolkit](#)

At-a-glance

- International Nurses Day focuses on positive working environments
- King's Fund Enhancing the Healing Environment project helps nurses make improvements.

Nurses Day focuses on working environments

The theme of this year's International Nurses Day, celebrated worldwide on 12 May, is 'Positive practice environments: quality workplaces = quality patient care'.

The International Council of Nursing (ICN), which organises the day, has launched a new *Positive Practice* toolkit full of tips about improving nurses' working lives and increasing staff retention.

The toolkit states that positive practice environments are characterised by factors such as:

- policy frameworks focused on recruitment and retention

- strategies for continuing education
- employee recognition programmes
- a safe working environment.

Enhancing the healing environment

The King's Fund's Enhancing the Healing Environment (EHE) programme encourages nurse-led teams to work with patients to consider the impact of the

treatment environment on recovery and the way care is delivered. Evidence shows that a sensitively designed hospital can offer therapeutic benefits as well as boosting staff morale.

Enhancing the Healing Environment: A Guide for NHS Trusts is a practical guide and CD that shows how teams with no specialist knowledge can improve environments by making better use of resources.

Links and info

- [International Nurses Day](#)
- [The ICN toolkit](#)
- [The EHE programme](#)
- [The EHE Guide for NHS Trusts](#)

At-a-glance

- citizens' summit involves 84 people discussing the *Our health, our care, our say* White Paper
- NHS Life Check and co-ordination of health and social care voted as top priorities
- event attended by Secretary of State for Health, health ministers and national clinical directors.

Patients pick health priorities

The NHS Life Check and more support for carers emerged as key priorities at a citizens' summit held to review the progress of the *Our health, our care, our say* White Paper.

The March meeting was attended by 84 people, randomly selected from the 1,250 who had attended the original 'Your health, your care, your say' deliberative events in 2005.

Participants reviewed the progress made in key elements of the White Paper, drawing on information from the Department of Health as well as their personal experiences.

The major priorities for action over the next year emerged as:

- development of the NHS Life Check service
- better support for carers
- improved co-ordination of healthcare with social care, education and housing.

Participants were positive about ongoing pilot work, especially the partnerships for older people projects (POPPs), the teen Life Check, and mental health

What is NHS Life Check?

The *Our health, our care, our say* White Paper committed to introducing a new NHS Life Check service to help people assess their own risk of ill-health.

The service, which is now being developed and evaluated, is likely to consist of two stages.

In the first, people will undertake a self-assessment. Where this indicates significant health risk factors, individuals will be able to discuss the outcome with a health trainer, and may be offered a personalised health plan or more specialist medical advice.

programmes such as cognitive behaviour therapy.

However, they were also concerned about the lack of progress in delivering more convenient opening hours in primary care.

There was support for the idea of some hospitals becoming highly specialised centres for the most acutely ill or injured patients, and participants were also in

favour of highly trained paramedics or doctors being sent to accident scenes to stabilise patients.

Delegates also had the opportunity to question leaders including Patricia Hewitt, Secretary of State for Health, David Colin-Thomé, National Director for Primary Care, and George Alberti, National Director for Emergency Access.

Links and info

- [More information on the summit](#)
- [Details of NHS Life Check](#)

News in brief

Counting down to smoking ban

England will be smokefree in less than two months and ministers have launched an official countdown. The Government is stepping up its campaign to help businesses prepare for the 1 July start date, and every business with employees will receive guidance and no smoking signs.

- [View the Smokefree England website](#)

Self-management courses for patients

The Department of Health has established the Expert Patients Programme as a Community Interest

Company (EPP CIC) – the first time a Government department has set up a social enterprise organisation. PCTs will be able to commission the EPP CIC to run courses to help patients manage their conditions and, in some cases, to train volunteers to run courses in their area. A&E attendances have reduced by over 15 percent for people who have attended an EPP course.

- [View more details](#)

Information prescription pilots

Twenty pilot sites are testing the idea of information prescriptions. Under the scheme, health professionals

will prescribe personalised information to point patients to the websites, telephone numbers and support groups relevant to their needs. The aim is to help people with long term conditions such as cancer or mental health problems feel more in control and better able to manage their condition and maintain their independence.

- [View more details](#)

Mental health computer-based care

All PCTs should now be offering the recommended computerised cognitive behavioural therapy

(cCBT) programs for common milder mental health conditions such as depression and anxiety. Two cCBT programs have been approved by the National Institute for Health and Clinical Excellence (NICE).

- [View the NICE guidance](#)

Screening measures strengthened

All new healthcare workers will be required to undergo medical checks for tuberculosis and hepatitis B and will be offered vaccinations if needed. In addition, all staff new to performing procedures that carry an increased risk of cross infection, such as

surgery, must be cleared for hepatitis C and HIV.

● [View more details](#)

Progress in reducing suicides

Good progress is being made towards the Government's target of reducing suicide by 20 percent by 2010, according to the latest annual report from the National Institute for Mental Health in England. The overall rate of suicide was 8.5 deaths per 100,000 population in 2003/04/05, a reduction of 7.4 percent from 1995/96/97.

To help build on this progress a new guide has been published giving advice on how to prevent suicides at local 'hotspots'.

● [View the report](#)

NHS diabetes success

The majority of people with diabetes are receiving annual check-ups, according to a recent Healthcare Commission survey. The survey was carried out among 68,500 people with

diabetes, 1,500 general practices and all 152 primary care trusts.

● [View the survey results](#)

Funding for health innovation

The National Endowment for Science, Technology and the Arts (NESTA) is providing £20 million to encourage health innovation in the areas of chronic disease, mental health and ageing. NESTA is calling for ideas from both social entrepreneurs and frontline workers.

● [View details](#)

Equality guidance

The Equality Act (Sexual Orientation) Regulations 2007, which came into force on 30 April, make it unlawful for health and social care organisations to discriminate unfairly against lesbian, gay and bisexual people. The Department of Health has launched four publications to help healthcare organisations meet the needs of these groups.

● [View the publications](#)

Mary Seacole awards

The closing date for this year's Mary Seacole awards is 15 June. Organised by the Department of Health and NHS Employers, the awards provide funding for winners to undertake a project, or other educational or development activity, to enhance patient-focused care that benefits people from black and minority ethnic communities.

Applicants should be nurses, midwives or health visitors in clinical and professional practice in England. Development awards are worth up to £6,250 each and leadership awards are worth up to £12,500.

● [View the application form](#)

Microsoft home use programme

NHS employees are eligible to participate in the Microsoft home use programme, which entitles them to a licensed copy of most Microsoft Office desktop applications for use on a home computer for just £18.

● [View more details](#)

Reducing infections: safe, clean, reliable care for patients

12 June, Manchester.

Free of charge. Joint conference organised by the Department of Health, the Royal College of Nursing and the National Patient Safety Agency. Email victoria.langley@rcn.org.uk for details.

Reducing risk in maternity services

26 June, London. Free of charge.

Organised by the Healthcare Commission and the National Patient Safety Agency, this event is aimed at all staff in maternity care. For details call 0845 601 3012 or email feedback@healthcarecommission.org.uk

Royal College of Midwives annual conference

22-24 May, Brighton. Call 020 8334 451 for details and to book a place.

The Gold Standards Framework Programme annual conference

13 June, Birmingham. The programme will focus on the three aspects of the Gold Standards Framework programme: end of life care developments, primary care improvements, and end of life care in care homes. Contact 0845 838 2518 or email marie@eventprouk.com

Latest publications

Make sure you're not missing out on new tools and guidance. Here is a round-up of recent publications from the Department of Health (DH) and beyond. DH publications are available from www.dh.gov.uk/publications

● [Mental health policy implementation guide](#)

This toolkit sets out learning and development issues for mental health and suggests priorities for local organisations developing their own learning strategies.

● [Saws and scalpels to lasers and robots – advances in surgery](#)

This report from Professor Sir Ara Darzi, the Department of Health's national advisor on surgery, recommends that 80 percent of all surgery should be done locally in community hospitals or health centres. The remaining 20 percent – the more complex cases – should take place at specialist centres.

● [NICE guidance on effecting behavioural change](#)

This draft guidance looks at how organisations interested in improving public health can ensure the

methods they use are effective and good value.

● [Releasing time to care](#)

Chief Nursing Officer Chris Beasley launched this report of the NHS Institute's Productive Ward project at the RCN Congress in April.

● [Many rivers to cross: The History of the Caribbean Contribution to the NHS](#)

Tells the story of the Caribbean men and women who staffed the NHS during its formative years. It uses archive and contemporary photographs and oral history.

● [Trust Assurance and Safety – The Regulation of Health Professionals in the 21st Century](#)

This was published in February as part of an integrated package of measures to protect patients.