

News

At-a-glance

- new reports on mental health, coronary heart disease, emergency care and cancer assess how the NHS has progressed in the past 10 years
- progress includes an increase of 10,000 mental health nurses and the development of nurse-led services that ease the pressure on hospitals.

Links and info

- View Mental health ten years on: progress on mental health care reform
- View Coronary heart disease ten years on: improving heart care
- View Emergency care ten years on: reforming emergency care
- View Cancer ten years on: improvements across the whole care pathway

Nurses play key role in NHS achievements over the past decade

A report on the achievements of NHS mental health services over the past 10 years reveals an increase of almost 10,000 mental health nurses, bringing the total number to 48,400. New roles for nurses – such as nurse prescribers and nurse consultants – have also been created within mental health.

These investments in staff have contributed to the suicide rate falling to the lowest on record, and have led the World Health Organization (WHO) to describe England's mental health service as the best in Europe. The results of the 2006 national mental health patient survey are similarly positive, showing that 77 percent of community patients rate their care as good, very good or excellent.

The report – *Mental Health Ten Years On* – is one of four publications to focus on NHS reforms over the

past decade. The other three concentrate on coronary heart disease, emergency care and cancer. Positive findings include:

- cardiovascular mortality rates are on track to meet the target of a 40 percent reduction by 2010 (several years earlier than planned), helped by initiatives such as the appointment of thrombolysis nurses in larger hospitals
- increased primary care activity, such as specialist nurse clinics, has led to a faster diagnosis of heart-related conditions
- operation waiting times

for people with coronary heart disease have fallen, in part due to an increase in nurses, surgeons and cardiologists

- a focus on emergency nurse practitioners has contributed to more effective and appropriate treatment for patients in A&E
- nurse-led minor injury units, which previously focused on injuries only, have been developed to deal with minor illnesses, helping to reduce the pressure on A&E departments.
- **For a round-up of cancer news see below.**

At-a-glance

- expert nurses play key role in improving cancer care
- opportunities to work more flexibly to deliver further patient benefits
- nurses to help deliver cancer care in the community.

Cancer reforms will further improve care

The role of specialist nurses is highlighted in a new report charting the progress of cancer care in the NHS.

Getting it right for people with cancer – produced by National Cancer Director Professor Mike Richards – demonstrates the many successes in treating cancer, and also makes the case for further service

developments to meet greater future demand.

The report says the introduction of clinical nurse specialists has already 'played a huge part in the improvements in information, support and

care reported by patients in recent surveys of their cancer care'.

It also highlights how flexible working by staff has benefited patients, for example by reducing
[Continued on page 2](#)

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More information—

You can access the bulletin online at www.dh.gov.uk/cnobulletin

The electronic version lets you click on web links for direct access to more detail about each of the articles.

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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Links and info

- View the cancer report
- View the ICCP report

Voicepiece



Chief Nursing Officer Chris Beasley explains the need to eliminate mixed-sex accommodation in the NHS.

In 2002, we reported that the NHS had hit the target to eliminate mixed-sex accommodation in 95 percent of NHS trusts. In 2004, when we last collected this information, 99 percent of trusts provided single-sex sleeping accommodation, and 97 percent had single-sex toilets and bathrooms.

A number of units, including intensive care and critical care units, were exempted from reporting. However, this clearly does not mean that these units should not also be striving to provide high standards of privacy and dignity.

In assessing their progress, trusts should take account of all the information available to them. This includes Healthcare Commission inpatient survey data, privacy and dignity data from the National Patient Safety Agency's Patient Environment and Action

Team (PEAT) programme, and the information used to assess compliance with the Healthcare Commission's core standards C13a and C20b. This subject is also covered in depth in the newly-published document, *Privacy and Dignity – A report by the Chief Nursing Officer into mixed sex accommodation in hospitals*.

It's important to remember that there is a distinction between mixed-sex accommodation and mixed-sex wards. For some people, the ideal would be for all wards to be entirely single-sex. However, good segregation can be achieved with separate sleeping areas (for example, single-sex bays) and separate toilets and bathrooms that can be reached without having to pass through (or close to) opposite sex areas.

To better understand patients' experiences and their views about these issues, the Department of Health recently commissioned a survey of more than 2,000 people. The survey showed that,

in terms of privacy and dignity, segregation is rated behind other aspects of care, in particular cleanliness and good staff attitudes. Not surprisingly, older people and women are less tolerant of mixing, and people are concerned when there is mixing for elective admissions, longer stays and gender-specific procedures.

For some patients, mixed-sex accommodation is not a problem but for many it is a source of real distress. We need to acknowledge this and work to eliminate it in all but the most unusual circumstances.

Links and info

- View *Privacy and Dignity – A report by the Chief Nursing Officer into mixed sex accommodation in hospitals*
- View the National survey of adult inpatients 2006
- For more on the survey see page 3.

Cancer reforms will further improve care

Continued from page 1

waiting times for specialist investigations. Highly-trained nurses are now regularly carrying out endoscopies that would previously have been the preserve of doctors.

Cancer care reforms have also contributed to the 16 percent cut in death rates in people aged under 75, and there has been a 49 percent increase in cancer specialists.

A report on the Department of Health's Integrated Cancer Care Programme (ICCP) has now been published. It

charts the development of the programme, which was launched in 2004, and the key findings that have emerged from the nine pilot sites. The programme has been exploring how cancer services can be delivered more effectively in the community and found patients were largely positive about the pilot programme. A key element of the ICCP has been training community nurses in advanced skills such as undertaking physical assessments and drug

medication reviews. The pilots have demonstrated the real impact that this can have on patient care, helping staff to spot problems early, meaning fewer unnecessary hospital admissions.

In addition, work is progressing on the Cancer Reform Strategy, which will build on the 2000 NHS Cancer Plan. Nurses are represented on the advisory board and working groups to develop the strategy, which is due to be published by the end of the year.

At-a-glance

- hospital inpatient survey shows improved satisfaction with cleanliness, waiting times and assistance with eating
- new guidance to help PCTs make improvements.

Links and info

- [View the survey findings](#)

Nurses contribute to high levels of inpatient satisfaction with NHS

Nine in ten hospital inpatients had a very positive experience, according to findings from one of the biggest inpatient surveys.

The Healthcare Commission survey of more than 80,000 patients found that, for the third year running, the vast majority of patients (92 percent) reported a positive experience of hospitals in England, rating the care they received as excellent, very good or good.

Nursing care was no exception and results showed that more patients (71 percent) reported nurses 'always' washed

or cleaned their hands between touching patients, compared with 69 percent in 2005.

However, the survey also revealed that more work needs to be done to ensure dignity and respect for patients and the Department of Health has issued a range of practical advice to help PCTs make any improvements necessary at a local level.

Other improvements since

the 2005 survey include:

- 84 percent of patients waited six months or less for planned admissions, compared with 78 percent in 2005
- 93 percent of patients said their room or ward, was 'very clean' or 'fairly clean', compared with 92 percent in the 2005 survey
- 80 percent of the patients who needed help eating indicated that they received the necessary assistance.

At-a-glance

- nurse-led carpal tunnel service reduces time off work from six to two weeks
- nurses provide patients with information about their condition.

Nurses cut waits and increase satisfaction

A nurse-led service for minor hand surgery at Leicester General Hospital is helping to increase patient satisfaction through reduced waiting times and faster recovery from treatment.

In the seven years it has been running, the carpal tunnel service has performed 4000 operations and, by providing patients with information about their condition, has helped patients return to work more quickly – reducing the time off work from six weeks to one or two weeks.

The service was set up by Malcolm Clarke, Operating Nurse Specialist

for Orthopaedics, and is sponsored by four consultant orthopaedic surgeons. Malcolm explains: "The driving force behind the project was the unacceptable waiting times for this hand surgery procedure. Initially, there was a total waiting time of 105 weeks from referral to completion of treatment, and this has been reduced to six weeks through the

introduction of the nurse-led service."

Patient satisfaction levels are very high as a result.

Malcolm's clinic now returns over 90 percent of patients to work within two weeks of surgery, compared with the average six-week recovery time. If the service was rolled out across the UK it could save taxpayers approximately £72 million per year.

At-a-glance

- new data shows steady progress towards 18 week referral to treatment commitment
- nearly half of patients now starting treatment within 18 weeks.

New data tracks progress on key 18 week commitment

Almost half of patients, 48 percent, who need to go into hospital for an operation or treatment, are now beginning treatment within 18 weeks from referral.

The new data, from the first in a series of monthly publications, shows an improvement on a baseline figure last December, that estimated that 35 percent of admitted patients were being seen within 18 weeks.

The latest data is based on the patients for whom there is completed referral to treatment times. Currently this information has been collected for six out of ten of the patients expected to be admitted to hospital each month. It represents steady progress towards ensuring no patient waits longer than 18 weeks from referral by their GP to beginning treatment by December 2008.

Previous waiting time targets focused on sections of the patient's experience such as time spent waiting from referral to outpatient appointment. The new method measures the entire patient journey and so reflects the experience of waiting.

The new data publication, available via the 18 weeks website, will help nurses keep track of progress towards the 2008 goal. It also emphasises the importance of accurate data collection.

Links and info

- [View the 18 weeks website](#)

At-a-glance

- nurse-led programme offers free health checks to male drivers at MOTO service stations
- tests will focus on obesity and diabetes risks.

'Spare tyre' checks for male drivers

Male motorists will benefit from free 'spare tyre' checks being carried out by a team of specialist nurses at MOTO motor service stations this summer.

The nurse-led initiative was launched in April with the aim of raising men's awareness of obesity and Type II diabetes.

Independent nurse Jane DeVille-Almond and a team of expert nurses will visit MOTO sites across the UK throughout the summer and offer male drivers free, simple tests including:

- blood pressure
- blood sugar
- cholesterol
- waist measurement
- body mass index (BMI).

The idea is to raise awareness of obesity and the impact that being overweight has on health. The nurses aim to communicate the specific risks for men who drive for a living.

Jane said: "People who are clinically obese, or men who have a waist measurement over 40 inches and women over 34.5 inches, run a higher

risk of developing Type II diabetes. This in turn can trigger sleep apnoea and that could lead to them falling asleep at the wheel with terrible consequences."

Statistics show men are half as likely as women to visit their doctor so the MOTO campaign is designed to provide a more informal and accessible method of checking for potential health problems. The mobile clinics will not record personal data about participants other than their age and test results. Results are instant and all medical recommendations will be given immediately. It is the responsibility of the participant to seek further medical help from their GP if advised.

Obesity and men's health are specialist subjects for Jane, who has been introducing innovative methods of reaching men since setting up clinics in

pubs and bars in 1997. Over the past 10 years, she has run clinics in a Harley-Davidson showroom, a barber's shop and in truck stops nationwide. Each initiative has had a positive reaction from participants, and the MOTO service shows similar potential.

Jane explains what happened at the launch: "It was fantastic and we saw 40 men in the first hour. All were obese with waist measurements over 40 inches, but only one man recognised this fact initially. Some of the clinical information was fascinating and I will be writing a report when the project ends in July."

Jane also runs training courses for nurses, doctors and health professionals throughout the UK and is a director and trustee of two national UK charities: the National Obesity Forum and the Men's Health Forum.

Links and info

- For more details email Jane at deville.almond@virgin.net

At-a-glance

- nurses and midwives can help reduce smoking rates
- target to reduce adult smoking to 21 percent by 2010
- employers urged to support workers who want to quit.

Nurses and patients supported to quit smoking

New impetus is being given to help NHS workers stop smoking as the introduction of England's smoking ban gets closer.

After 1 July, smoking will be prohibited in virtually all enclosed public places and workplaces.

New guidance has been issued to NHS and non-NHS professionals and employers who have a role in supporting and encouraging workers to stop smoking.

The guidance – from the National Institute for Health and Clinical Excellence (NICE) – recommends providing information on

local stop-smoking services, providing such services in the workplace itself, or allowing people who smoke to attend these services during working hours without loss of pay.

Reducing smoking and tobacco-related harm is a key element in the Government strategy to improve health and reduce health inequalities. The target is to reduce adult smoking rates to 21 percent or less by 2010.

Stopping smoking is the single most effective intervention in improving the public's health, and nurses and midwives have an enormous role to play in helping people to quit and explaining the health benefits of giving up.

In addition to offering advice to smokers as part of routine contacts, nursing staff are well placed to help patients access local smoking cessation services in primary care.

Links and info

- View more details about stop smoking services
- View the guidance

At-a-glance

- new clinical roles for nurses to help implement National Programme for IT
- local IT programme will involve nursing staff in SHAs
- Microsoft software offer for NHS staff is still available.

New nursing leads will help drive IT programme for NHS

Two new roles for nurses have been created to help implement the National Programme for Information Technology (NPfIT) across mental health and midwifery.

The two new specialist national clinical leads (NCLs) will join Susan Osborne and Barbara Stuttle who already work as NCLs for nursing and midwifery. The NCLs are responsible for demonstrating to specific groups of NHS staff how technology can make their jobs easier and more efficient. They also provide

a clinical perspective for all Npfit programmes.

The purpose of the new appointments is to strengthen nurses' engagement with the design and implementation of the NPfIT. The new positions are part of a significant investment in communications and engagement with nurses

and midwives, and were announced by Susan and Barbara at the Chief Nursing Officer's business meetings in April 2007.

Job descriptions for the NCL roles will soon be distributed and SHAs will be invited to put forward their nominations. The appointments will be finalised by October 2007.

IT updates

SHA focus on IT

Another announcement at the CNO business meetings was the launch of the National Local Ownership Programme (NLOP), part of the Government's policy to strengthen SHA governance.

The programme will involve the development of IT-based projects and secondment opportunities, in line with the NPfIT, which SHAs will be responsible for implementing. The SHA chief nurses will work with directors of nursing at individual trusts to ensure that nurses and midwives are fully engaged in the programme.

Documenting patient care

The NPfIT is also providing funding for a new method of documenting patient care. Susan explains: "The aim is to standardise how care is assessed and documented, how appropriate treatments are provided, and how treatments are assessed. It will also enable research to be carried out more easily, as well as ensuring a focus on patient safety."

The NPfIT is also working to increase access to mobile technology, which will avoid queues for computers in hospitals

and in the community. Additionally, a new keyboard cover and mouse designed to reduce the risk of spreading infection are in development at University College London Hospital Foundation Trust.

Microsoft offer

NHS staff are receiving direct benefits from an ongoing partnership with Microsoft. In a move to encourage computer literacy, Microsoft has offered all NHS staff the opportunity to purchase the Microsoft Office 2007 professional edition software, which usually sells for £370, for less than £20. So far, 100,000 NHS staff have taken advantage of this offer.

Patient safety workshops

The Common User Interface (CUI) programme, part of the Npfit, is seeking clinicians to attend workshops focusing on patient safety and hazard assessments. The full-day workshops will take place in London from 4 June until 10 July. Participants do not need a special interest in computers. For details email cuistakeholder.mailbox@nhs.net

Links and info

- Further information on Connecting for Health
- Details on the National Programme for IT
- View details of the Microsoft offer
- View details of the CUI programme

At-a-glance

- three pilot sites are investigating how assistive technology can improve care for people with long term conditions
- pilots aim to improve care coordination and encourage integrated teams across health and social care
- community nurses will form an important part of the teams.

Assistive technology to improve community healthcare

Community nurses and matrons will be closely involved in three new pilot projects that are testing the use of advanced assistive technology to help people with long term conditions in community settings.

The three pilot sites – in Newham, Kent and Cornwall – involve partnerships of NHS and local authority organisations.

The pilots, part of the whole system demonstrators programme first announced in the *Our health, our care, our say* White Paper, will use technology to monitor the health of frail older people and people with complex, long term conditions, and to provide systematic disease management programmes.

One aim of the pilots is to improve the coordination of care by helping community health professionals work more effectively in integrated teams across health, social care and the voluntary sector.

Community nurses will form a central part of these teams and will be responsible for making sure that patients know how to make proper use of the service. They will also play an important role in educating people to understand and manage their conditions.

Maureen Morgan, Professional Officer for Policy and Practice in the Chief Nursing Officer's team, said: "This is a very important development for nurses. They are the biggest single workforce looking after

What is advanced assistive technology?

'Advanced assistive technology' refers to the use of telecare, telehealth and e-health systems to deliver care to patients and service users in their own environments.

Telehealth monitoring devices will help people with conditions such as heart disease or diabetes to monitor and manage their condition with greater independence. They will be able to test their blood glucose levels or blood pressure on a small machine at home while healthcare professionals monitor the results. Local GP practices can also monitor the patient remotely and contact them with any concerns.

Telecare devices consist of sensors in the home and carry out simple tasks like switching lights on or raising an alarm if an old person does not return to bed in the middle of the night.

Early findings suggest that advanced assistive technology can have a number of benefits, including:

- increasing patients' understanding and compliance in taking medicines
- reducing the number of prescriptions dispensed
- reducing residential care and nursing home admissions
- reducing emergency hospital bed days and admissions.

patients at home and these technologies will enable them to give patients better care where and when they need it. They will also be able to show people how to use the technical support at home in order to manage their conditions with greater independence."

Each pilot site will serve

a resident population of at least one million people. The pilots will run for a minimum of two years and will be carefully evaluated throughout this period. More than 7,000 telecare/telehealth installations are due to be made over the next two years across the three sites.

Links and info

- Further information on the pilot programme

Funding for 10 more talking therapy sites

The Department of Health is allocating £2 million to 10 new pilot sites designed to increase access to talking therapies for people suffering from anxiety and depression. The move follows the success of two existing pilot sites, which have shown that faster access to therapy, including cognitive behavioural therapy, can help patients recover from illness and return to leading an independent lifestyle. The 10 new sites are due to be announced in July.

● [View more details](#)

Stroke audit supports need for national strategy

The results of an annual audit of stroke units support the move to develop a national stroke strategy. The 2006 audit, funded by the Healthcare Commission, shows that more patients are getting into stroke units, but that there are still waits for brain scans and starting treatment. It shows that 62 percent of patients were admitted to a specialist stroke unit compared with 46 percent in 2004.

The Government is currently developing a national stroke strategy with the help of stakeholders, including stroke survivors, carers, the Stroke Association and the Royal College of Physicians. The strategy is due for consultation in the summer.

● [View the audit](#)

NHS Choices website

The new NHS Choices website, launching this month, is designed to help patients make informed

choices about their health and care. The site will include comparative hospital data as well as information about conditions and treatments.

● [See more details](#)

VTE risk assessments for all hospital patients

Every hospital patient should have an individual risk assessment for venous thromboembolism (VTE), according to an expert working group. In England around 25,000 people a year die from VTE in hospitals alone.

Individual risk assessments for VTE would improve patient safety and help save thousands of lives each year, says the expert group, established by the Chief Medical Officer. A working group is now developing a national risk assessment tool, and will produce guidance on the introduction of VTE risk assessments for all patients.

● [View more details on VTE](#)

New '30 a day' exercise campaign

A new initiative from the British Heart Foundation (BHF) aims to reduce the risk of coronary heart disease – the UK's single biggest killer – by promoting the health benefits of taking 30 minutes of moderate exercise each day. Activity levels tend to drop rapidly after the age of 50 and the BHF campaign is designed to challenge this trend by highlighting easy ways to stay active through everyday activities. As part of the campaign, the BHF has launched an action pack full of tips about staying active.

● [View the campaign website](#)

Latest guidance from NICE

Recent guidance from the National Institute of Health and Clinical Excellence (NICE) includes:

● advice covering adults who may be at risk of developing a blood clot through deep vein thrombosis because they are having an operation that requires an overnight stay in hospital

● amendments to the 2004 anxiety guideline on the use of pharmacological therapy and the considerations that need to be made before prescribing venlafaxine

● amendments to the 2004 depression guideline on the use of antidepressants, especially in patients with cardiovascular disease, and the considerations that need to be taken into account when switching treatment to venlafaxine.

● [View guidance on deep vein thrombosis](#)

● [View amendments to anxiety guideline](#)

● [View amendments to depression guideline](#)

Research highlights need for better patient information

Research from the Picker Institute Europe, commissioned by the Department of Health, had found that patients with long term conditions, or those who have to care for elderly or disabled family members, were often unable to find information about the services that could support them. The Department of Health recently launched a trial of information prescriptions to improve the information available to patients.

● [View the full report](#)

● [View more about information prescriptions](#)

Foundation status for three more trusts

Three NHS trusts now have foundation trust (FT) status as a result of new authorisations last month from Monitor. The new FTs are:

● Berkshire Healthcare

● Central and North West London Mental Health

● Northern Lincolnshire & Goole Hospitals.

● [View more details](#)

Safety improvements for adult mental health wards

Up to £30 million is being made available to improve safety on adult inpatient mental health wards, particularly for women service users. NHS trusts are being invited to submit schemes, including plans for women-only facilities or areas.

● [View more details](#)

Heatwave plan

The Heatwave plan for England, revised for 2007, includes background information on the nature of heatwaves and the effects of heat on health, including the increased risk of coronary heart and respiratory illnesses. Hospitals and care homes have a key role to play, and need to ensure temperatures are maintained below 26°C to minimise health risks.

The plan includes supplementary guidance for health professionals, and managers and staff in care homes, as older people are especially vulnerable to the health effects of extreme heat.

● [Access the plan](#)

Finance resource for community nurses

The Queen's Nursing Institute has launched a free interactive guide to help community nurses access the information they need to manage their personal finances. *Money Management: a QNI resource for community nurses* explains what a community nurse needs to consider when planning personal finances and where to go for further advice.

The guide has been produced in recognition of the fact that community nurses are working in an ever more complex environment and may not work directly for the NHS for the whole of their career.

● You can request a copy of the guide by emailing your name and address to moneymanagement@qni.org.uk, or leaving the same details with Joanne Moorby on 020 7549 1405.

Nursing Times awards

Entries for the *Nursing Times* awards close on 13 July. There are 12 award categories, including maternity services, infection control, cancer and sexual health, and the winner of each category will receive £1,000. Each finalist will receive £100.

● To enter, visit www.ntawards.co.uk

NMC Annual Midwifery Conference

The Nursing and Midwifery Council is calling for submissions of papers for its next conference which is themed *The complexities of change – keeping mothers and midwives safe*. The deadline for submissions is 29 June for the event which will take place on 15 November in Cardiff.

● View the details on the NMC website

Mental health:

New Ways of Working for Everyone, developing and sustaining a capable and flexible workforce

This best practice guidance sets out what New Ways of Working (NWW) means for everyone, how to make it happen, and what it looks like. It also updates progress on NWW for all the individual staff groups in mental health.

● View the guidance

Best practice guidance: Creating capable teams approach

This is designed to support the implementation of New Ways of Working and New Roles. It is intended to help health and social care services, at a multidisciplinary team level, to review their skills mix and refine their learning and development needs on the basis of service user and carer need.

● View the guidance
● View the New Ways of Working website

National Mental Health Nursing Conference
16 and 17 July, Cambridge
Speakers to include: Paul Farmer, Chief Executive, MIND, Neil Brimblecombe, Director of Mental Health Nursing, Department of Health and Elaine Hanzak, service user. For details see www.jillrogersassociates.co.uk

Pumps in Practice seminar
19 June, London
The Medicine and Healthcare products Regulatory Agency is running this seminar and training day for nurses who use infusion systems. For details see www.mhra.gov.uk or call George Thornton on 020 7084 2316.

CNO autumn business meetings
10 September, London
12 September, Leeds
Directors of nursing will receive an invitation to these events nearer the time.

CNO annual summit
31 October to 2 November, London
Directors of nursing will receive an invitation to these events nearer the time.

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

● *The Social Partnership Forum: Action Plan for Maximising employment opportunities for newly qualified healthcare professionals in a changing NHS*

● *Making decisions: the Independent Mental Capacity Advocate (IMCA) Service*

This booklet is one of a series of six on the Mental Capacity Act. It provides information on the Independent Mental Capacity Advocate (IMCA) service established by the Act.

● *Vascular programme briefing pack*

This briefing pack has been prepared to provide SHAs with an assessment of progress, opportunities and future challenges in key areas of vascular disease. Covering coronary heart disease, stroke, diabetes and renal disease, it provides information at SHA and PCT level.

● *Supporting healthy lifestyles: the National Child Measurement Programme Guidance for 2006–07 school year*

This guidance provides advice to primary care trusts

on how to measure the height and weight of children in primary schools as part of the National Child Measurement Programme. It also explains how to enter this information on to the National Child Measurement Database.

● *Why your child's weight matters*

This new booklet for parents includes information on the National Child Measurement Programme, why maintaining a healthy weight is important, and the steps that parents can take to help their family develop a healthy lifestyle.

● *Making every young person with diabetes matter*

This new guidance sets out the findings of the Children and Young People with Diabetes Working Group, established in 2005 by the Department of Health. It provides guidance and makes recommendations in a number of areas, including:

● commissioning
● organisation of care
● provision of services
● workforce.