Dignity: the heart of nursing
Helping staff make it happen

Late last year I attended the first practitioner reference group meeting regarding dignity in nursing at RCN headquarters in London. I was asked to take part as a representative for health professionals and patients in gynaecology.

In care situations, dignity may be promoted or diminished by:
- the physical environment
- organisational culture
- the attitudes and behaviour of nurses and others
- the way in which care activities are carried out.

When dignity is present people feel in control, valued, confident, comfortable and able to make decisions for themselves.

When dignity is absent people feel devalued, lacking control and comfort. They may lack confidence and be unable to make decisions for themselves. They may feel humiliated, embarrassed and ashamed.

Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value.

Nurses should, therefore, treat all people in all settings and of any health status with dignity, and dignified care should continue after death.

The RCN campaign
RCN President Maura Buchanan is the campaign lead. There are 26 members of RCN staff from all parts of the UK contributing some of their time and expertise to the campaign. It is supported by Smith & Nephew.

Another 60 members of the RCN are contributing to the campaign either through membership of the Practitioner Advisory Group or membership of the three work strands – Influencing pack, DVD Practice Support Pack or E-learning resource.

As members of the Practitioner Advisory Group we committed ourselves to practical, helpful products that could make a difference. The RCN will undertake six pieces of work as a result of the scoping exercise and three have been prioritised:

An e-learning resource available on the RCN Learning Zone
If we can secure external funding then this material could be adapted to hard copy for those nurses and health care assistants who do not have access to the Internet.

An interactive practice support pack
This is for use in the workplace, subject to funding, and is being developed in partnership with Help the Aged. It will consist of a DVD with filmed vignettes, perhaps with digital patient stories and a guided narrative for helping staff explore nursing practice. The DVD will be accompanied by some carefully selected resources and a facilitator’s pack for use by the nurse leading the learning session.

An influencing resource
How do nurses make the case for the resources they need? Tips and techniques: this is a “how to” guide on presenting a case, identifying opportunities and making dignity central to the organisations ambitions

I attended a second meeting earlier this year and felt quite exhausted by the end of the day – as if we
NFGON Conference time – don’t miss it!

The National Forum of Gynaecology Nurses (NFGON) has been working hard on Modernising gynaecology nursing, the enticing conference programme we’re presenting on 26-27 June 2008. Our venue this year is the lovely town of Winchester and we very much appreciate Alison Keen’s help in organising this.

We would also very much like to hear from you regarding poster or oral presentation submissions.

This year we are going to try something new – an information sharing board similar to the one that was put forward so successfully in the breakout session at British Gynaec Cancer Society (BGCS). The idea is, we bring examples of communications with patients regarding diagnosis and treatment plans to display at the conference.

Presentations will include:
- “The challenge of assessing treatment related female sexual morbidity in clinical practice” by Isabel White, Cancer Research UK Nursing Research Training Fellow
- “Managing premature menopause in the gynaecological cancer patient – weighing up the risks” by Nick Panay, Consultant Gynaecologist who works at the Queen Charlotte and Chelsea and Westminster Hospital, London.

The conference fee is £90 for members of the forum (if you’re not already a member, it costs £25 to join).

If you or your team or a colleague have been involved in an innovative idea, service development project or anything else, the NFGON would strongly urge you to submit an abstract for either an oral presentation or poster to be displayed at the annual conference this year.

We can offer you a great and relatively informal opportunity to share your ideas visually with other delegates. And that’s not all – this year’s prize for the best poster will be awarded up to the sum of £80 to cover printing costs.

If you are interested contact Vikki Jones by 31 May 2008.

Email: vikki.jones@uhcw.nhs.uk

The RCN Gynaecology Nurses Forum Annual Conference 2008

20–21 June 2008 Cowdray Hall, RCN London

Programme includes:
- HPV vaccines
- Sensitive disposal
- Update on TOP
- Sexuality and gynaecology
- IUDs and IUS in practice
- Role of the advanced nurse practitioner.

New for 2008!
Posters invited … your opportunity to show your work, audit or research

Early booking £75
Details and bookings from:
kathy.abernethy@btinternet.com
Telephone: 020 8869 2877.

Can you share information on drainage of malignant ascites?

The National Forum of Gynaecological Oncology Nurses has formed a sub committee chaired by Debbie Fitzgerald (CNS at South Devon Healthcare Foundation Trust) to look at the possibility of writing national guidelines for the drainage of malignant ascites.

This distressing condition is present in up to 33 per cent of patients with ovarian cancer at presentation and 60 per cent of patients with recurrent disease (Corner and Bailey, 2000).

Once refractory to chemotherapy, the usual method of management is through intermittent paracentesis. In some areas the use of permanent drain placement is currently under trial.

The group is carrying out a Cochrane review and hope to repeat a national survey on current protocols. From an initial look this appears to be varied even within the same hospitals, depending on where the drainage is carried out.

If you have relevant documentation or protocols, it would be very helpful if you could share them to help take this worthwhile initiative forward.

If you would like to discuss this further or if you are willing to share your documentation, contact Debbie Fitzgerald, Gynae/Oncology CNS, Gynae Clinic, Torbay Hospital, Torquay Devon TQ2 7AA.

Telephone: 01803 654627. Email: debbie.fitzgerald@nhs.net

Reference:
Developing an efficient PMB service to meet cancer targets

Audits at Salford Royal Hospital Trust in the North West consistently demonstrated breaches in national treatment targets across the sector for patients presenting with post menopausal bleeding (PMB).

The diagnostic pathway for the majority of these patients often reflected six outpatient appointments prior to the decision to treat being discussed with the patient; leading in many cases to a treatment pathway in excess of one hundred days. Waiting for assessment, referral and diagnosis has been demonstrated as creating a major source of anxiety for patients.

Project

In recognising the difficulty GPs may have in identifying which symptoms warrant urgent referral, the NICE Referral Guidelines for gynaecological cancer were adapted for use in a “two week wait referral proforma”. The proforma identifies the definition and types of PMB that are classed as needing an urgent referral to secondary care. Prior to the establishment of the one-stop clinic it was agreed that referral to the service should continue via the proforma which would be triaged by a call centre, and a patient appointment provided within seven days of referral. With the advent of “choose and book” it is envisaged that the clinic will soon facilitate direct booking by the GP.

The gynaecology team were involved in the project at all stages. The project was led and managed by the Gynaecology Clinical Nurse Specialist, the Associate Specialist and Service Manager for Women and Children’s Services. Initial meetings took place in the autumn of 2006 with both radiology and pathology managers to assess the feasibility of a one-stop clinic for PMB. Ideally the aim was to provide a trans-vaginal ultrasound scan, hysteroscopy if indicated and pathology all in the one clinic, followed by MRI scan midweek for patients with a positive diagnosis. The diagnostic pathway would culminate at the end of the week with presentation to the specialist multi-disciplinary team for review and treatment planning, followed immediately by an outpatient appointment for the patient with the Gynaecology Consultant whereby “Decision to Treat” is discussed.

In order to quality assure the diagnostic journey over five days, an Integrated Care Pathway was produced which incorporated best practice standards as outlined in NHS Cancer Plan, IOG guidance, Cancer Services Standards and peer review measures.

Consensus was agreed from all clinicians involved and formed the basis of the MDT review and treatment plan. Other sources of guidance and information developed to support the clinic were: Post Menopausal Bleeding, One-Stop Clinic—Clinical Guidelines, and a patient information leaflet.

Radiology managers reconfigured sessions to provide five trans-vaginal ultrasound appointments each Monday morning. Whilst there is currently no strong research evidence which suggest the exact depth of the endometrial lining that would require further investigation with hysteroscopy, clinical consensus and practice guidelines suggested investigation when the endometrial lining was 5mm or greater.

The Pathology Department was able to agree a deadline for reporting the sample before 2pm the following day (Tuesday). When the pathology report is received the named nurse facilitating the PMB clinic contacts the patient invites the patient to attend for an MRI scan the following day. The patient is advised of this possibility in both the literature provided at the first appointment and reiterated at the hysteroscopy appointment with the clinician.

In keeping with local and national guidelines the diagnostic pathway for endometrial cancer includes MRI imaging to facilitate clinical staging of the disease. As less than 10 per cent of all PMB referrals result in a positive diagnosis of endometrial cancer, it was decided with the radiology team that there would be one dedicated MRI slot per week required to support the clinic. When the patients first attended the clinic patients are made aware of the process by which diagnosis will be achieved within the five days and advised they may be required to attend for an MRI scan later in the week should the team require further information. At this point diagnosis is not discussed with the patient.

In the event of a positive cancer diagnosis the patient is seen following the MRI scan by the Lead Clinician for the PMB clinic, and/or the Clinical Nurse Specialist to receive diagnosis, counselling and support. Contact details are given to the patient and information provided about the MDT review and the consultation with the gynaecology consultant later in the week, in which the patient will be made aware of her treatment options.

Patient Choice

The five-day diagnostic pathway incorporating the one-stop clinic was designed for the benefit of the patient. It provides greater certainty and clarity and streamlines the care patients can expect. It aims to reduce anxiety for patients and their families and ultimately provides an earlier diagnosis and treatment and hence potentially better outcomes. It is acknowledged however that in redesigning and improving services patient choice must be accommodated. In redesigning the service for PMB referrals we acknowledge the speed in which diagnosis is achieved and understand that whilst for most patients this is a positive outcome, for others it may cause considerable distress. With this in mind patients are consulted at all stages of the pathway if they wish to continue on it or if they would prefer to be managed over a more extended period of time in order to facilitate the psychological adaptation to their diagnosis.

The team also recognises that some patients may require an inpatient hysteroscopy this can be for patient choice or clinical need. In such circumstances this is facilitated and the patient will be removed from the pathway and managed through the department in a timely manner, tracked at all times by the MDT coordinator.

Monitoring, feedback and audit

A feedback document was introduced entitled A Few Moments of Your Time. It encourages the patient to comment on access, choice, speed, communication, information provision, support and general satisfaction. To date feedback has been extremely positive both from patients, carers and family.

Bimonthly meetings take place to review progress, patient/user feedback and up-to-date audit of throughput and outcomes. They include all staff and representatives from all directorates and organisations involved in the pathway and clinic. Annual audit is planned to address performance against national benchmarks, cancer treatment targets, impact on resources and improvement in clinical outcomes. Bi-annually the outcome data are presented to Clinical Governance meetings both within the host trust and outside at other local cancer units.

Annette Halliwell, Gynaecological Oncology CNS Salford Royal Hospital Trust
I have had several requests for letters of support for nurse specialists working in colposcopy with regards to grading. As a result we have designed a letter of support as a group and in collaboration with the British Society for Colposcopy and Cervical Pathology (BSCCP).

If you would like a copy to support your banding application, contact either myself at: g.b.anthony@abdn.ac.uk or Kay Welton, our nurse representative, on the BSCCP email address: kay.welton@addenbrookes.nhs.uk. We wish you all the best of luck!

Breda Anthony

Guidance for colposcopy nurse specialists

National guidelines confirm that there should always be a designated nurse with specialist skills to assist in the running of a clinic. This nurse should not be seconded to other duties while a clinic is running.

Three roles are recognised for nurses within the colposcopy service:
- the lead colposcopy nurse
- nurse colposcopists – that is, nurses who are fully trained to perform colposcopy
- nurses supporting the patient and the doctor during the colposcopic examination.

Some important points to note:
- A nurse with specialist skills who is performing colposcopy will require a designated nurse to assist in the running of the clinic.

HELEN SOKOLOVOS reports on the 2007 RCN Colposcopy Nurses Group’s annual study day.

RCN Colposcopy Nurses Conference: A learning-packed day!

Over 70 nurses had a lively day of learning and networking at Addenbrooke’s Hospital, Cambridge, on 3 November

We had an interesting combination of speakers this year with four doctors and five nurses. Liz Dollery, British Society for Colposcopy and Cervical Pathology Coordinator, also enlightened us with an update of the BSCCP website at: www.bsccp.org.uk. This website can be used by non-nurse colposcopists and members of the public.

The morning session kicked off with a talk by Mr Charles Redman on communication skills in colposcopy. Then Dr Sarah Jarvis gave an excellent talk on cervical cancer and HPV immunisation.

Following this Irene Ketteridge, a level 3 HCA at Addenbrooke’s Hospital gave an overview of her role in the colposcopy clinic. Irene is the first HCA to have ever given a talk at one of our conferences and to anyone who has never talked in front of an audience, it is a very big achievement as it is very nerve wracking.

More highlights of the morning session:
- Dr Peter Baldwin spoke on the non-surgical management of AIN.
- Nurse Colposcopist Maureen Morek gave the conference a very interesting insight into the management of cervical screening of women in the prison service.
- Amanda Sutton, one of our committee members, talked about her role in regional quality assurance and a recent initiative that her group had undertaken with regard to written information given to women prior to their colposcopy appointment.

ATTENTION:
Do you work in colposcopy?
Do you perform cervical smear tests?
Are you sure you are appropriately trained for this work?

RCN guidance for good practice for cervical screening was published in 2006. The principal author was Sheila Ibbotson who was previously our training representative on the Colposcopy Nurses Group.

This guidance has been prepared in response to requests from nurses for recommendations and guidelines in relation to good clinical practice for taking smears. It is essential that nurses undertaking cervical screening within the United Kingdom are provided with a cohesive structure of education and training related to cervical screening.

The RCN, the NHS Cervical Screening Programme (NHSCSP) for England, Scotland and Northern Ireland, and the Cervical Screening Wales programme are vitally important to equip sample takers to undertake the cervical screening test.

If you are currently taking smears, I strongly...
May this be a time of freshness and rejuvenation for us all!

Welcome to the Gynaecological Nursing Forum Bulletin. As I write this, spring is starting to stir from slumber and there is a sense of freshness and rejuvenation in the air. Things are also changing within the structure and the functioning of the RCN with Council looking at ways to streamline and modernise the forums as well as other areas. I hope you managed to comment on the professional membership structure consultation document posted on the RCN website.

It would be great to hear your views on the work of the forum and how we can better serve our members to enhance gynaecological nursing across the UK. I can assure you that we, as a steering committee, have not been slumbering over a long cold winter ... but with changes come opportunities and we hope to be able to emerge from this process refreshed and rejuvenated too!

Congress time

As I write we are about to set off for Bournemouth where the forum is presenting two fringe events at Congress (27 April–1 May) and we are hoping to attract as many of you as possible. This year, we will be looking at current issues in cervical cancer, including HPV and colposcopy, and also at “contraception and the menopause”.

These mid-week, mid-day events were planned as opportunities for you to join us for an update and network with colleagues over a light lunch.

Details of this year’s forum conference can be found on page three. The aim of our annual conference is provide a forum for nurses with an interest in gynaecology and women’s health to come together and explore some of the developments in care and specialist practice. We hope you will agree that the programme reflects the dynamic and diverse aspects of our speciality. We look forward to meeting familiar faces and new ones too.

Thank you for your continuing support of the forum.

Catherine Hughes
Steering group update

We are welcoming two new nurses to the menopause steering group in 2008:
- Moira Mukherjee is a nurse practitioner specialising in women’s health in the Midlands and she also works part time in a specialist menopause clinic in Birmingham.
- Anne Simpson joins us from north of the border, where she works as gynaecology sister in Roxburghshire and has an interest in developing menopause services.

We say farewell to Susie Alexander and to Catriona Sutherland who have stepped down from the group. We have really appreciated their hard work over the last five years.

Looking back …
We held a busy and successful conference in November 2007. The topic was “Healthy Menopause” and for the first time in our series of conferences we addressed the topic of heart disease in relation to menopause. Challenged about how management of women differs from men and about the incidence of heart disease in women, we were encouraged to address the issue of heart disease prevention in our menopause practice.

We also had an excellent lecture about bone health and considered ways of preventing osteoporosis, including lifestyle interventions and alternative therapy options.

A session on the healthy bladder saw us all practising our pelvic floor exercises almost involuntarily as we sat through a most interesting lecture!

Working in menopause, it is vital that our HRT knowledge is up to date and we had a session on this as well as one on complementary approaches.

Finally, we had a thought provoking session on resources, which encouraged us to consider whether the ones we use are relevant, up-to-date, evidence-based and unbiased, both for our clients and also in the places we ourselves seek information.

Looking forward …
Already 2008 looks set to be an exciting year for the group.

The International Menopause Society, who usually hold their conferences in far flung places such as Sydney, Tokyo and Buenos Aires, are coming to Europe. The tri-annual conference is being held in Madrid on 19–23 May and three of our steering group members will be there.

Our group have submitted an abstract for a poster presentation on “The role of the menopause nurse in the UK, a multifaceted approach”. For more information about the conference go to: www.imsmadrid2008.com

RCN Congress
“Contraception and the Peri-menopause” was the topic a joint lunch time fringe event with the Gynae Nurse Forum on 30 April at Bournemouth, looking at the use of the Mirena IUS. We hope this event will have raised the profile of women’s health among RCN members and the profile of both the Gynae Nurses Forum and the National Menopause Nurse Group.

Joint Symposium – British Menopause Society
July will see another joint event, this time in collaboration with the British Menopause Society at their annual conference in Manchester on 3–4 July. The symposium will take place on the Friday (4 July) and we hope to have another poster presentation accepted at this meeting. This will continue to strengthen our links with the BMS and raise awareness of our group among other health professionals. For more information regarding the BMS conference visit: www.thembs.org.uk

Menopause Annual Conference 2008
Our group’s annual conference this year will be on Thursday, 13 November at RCN headquarters, Cavendish Square in London. An exciting programme has been organised, looking at issues such as the effect of menopause on mental health and the impact of loss of oestrogen on the vulva as well as an update on HRT. The day promises to be informative and fun. More information will be available soon so make sure the date is in your diary.


Product news
- Ferring has launched Utrogestan – micronised progesterone for use as part of HRT, either sequential or continuous. It has a mild sedative effect which can help sleep if taken at night.
- Intrinsa was launched in 2007 – the first testosterone patch for women who have had a hysterectomy and their ovaries removed.
- Angelilq is a low dose continuous combined HRT.
- Two new calcium supplements are now available – Natecal D3, which is...
chewable, and Adcal D3 Dissolve.

- Procter and Gamble has introduced Actonel Combi (risedronate, calcium, vitamin D3) to the Actonel range. It is indicated for the treatment of postmenopausal osteoporosis. One Actonel 35mg tablet should be taken on day one, followed the next day by one calcium / vitamin D3 sachet daily for six days.

- Aclasta (zoledronic acid 5mg) has had its license extended to include treatment of osteoporosis in postmenopausal women at increased risk of fracture. This is a single intravenous infusion of 5mg zoledronic acid administered once a year.

**Product withdrawals**

- Micronor HRT was discontinued in 2007 – this tablet of Norethisterone 1mg can be replaced with Micronor three tablets (as the “mini-pill”).

- Duphaston/Duphaston HRT (dydrogesterone) is to be withdrawn from the market from March 2008 for commercial reasons. Prescribed generically, dydrogesterone is still available as a “parallel import”, but it will need to be ordered by the pharmacy.

**NEWS FROM ...**

**THE RCN UROGYNAECOLOGY NURSE NETWORK**

**JULIE STOPS was there and sends this report.**

**Urogynaecology Nurse Network Conference: Learning in the lap of luxury!**

The second Urogynaecology Nurse Network Conference was held on 3 March this year at Highgate House in Northamptonshire, a striking country mansion in the picturesque village of Creaton. Congratulations to the organiser, Denise Hunt, a specialist nurse in Northampton, and her colleague Val Smith, a staff nurse, who did the main co-ordinating over the previous 12 months!

Some 40 of us travelled there the day before and met up that evening to network over an evening meal in the baronial dining room. This was fabulous. We all felt we were transported back in time, enjoying such elegance in a stunning, wood-panelled room, brimming with old world charm.

While the organising committee set up rooms and planned for the next day, a few brave souls went for a swim in the leisure rooms and warmed up in the sauna. (It was Mother’s Day, after all!)

**Getting down to business**

After a restful night, we were up early for breakfast. A light breakfast was also available at 8 am for those who had travelled that morning. Then all 200 of us assembled in the conference room to be welcomed by Denise Hunt. The chairs for the first session were Tracey Cohen and myself, part of the committee, then we introduced the speakers for the first session.

The day’s programme was entitled, “NICE guidelines ... how are these applied to patient care?”. We began with Matthew Parsons on electronic diaries and how they have been developed to improve compliance, and accurate and rapid calculation, but they are not cheap and not for everyone.

Mr Philip Tooozs-Hobson then spoke about alternatives to conservatives and links between bladder and psych. This was very interesting and he concluded that sometimes we have gone as far as we can with physical therapy and we need to go back to listening to patients, doing the simple things right, and setting goals and targets which are appropriate and achievable!

This was thought provoking and many questions came from the floor as our roving mikes were in operation again this year, making it an interactive experience with much sharing of ideas.

Dr Adrian Wagg then spoke about atrophic vaginitis (use it, lube it or lose it!) – need I say more? He had the audience laughing and then when images came on the screen, the mikes were busy again.

**Coffee break!**

Time out for networking with colleagues old and new and visiting the many trade stands who gave support – we all picked up some ideas there!

Back in the conference room, Joanne Townsend and Anne Barry (next year’s conference co-ordinator) set the scene for the great debate: “This house believes that all women with post void residual urine in excess of 200mls should be offered a programme of clean intermittent self catheterisation.”

This was great. Kath Wilkinson challenged Adrian Wagg and they had 20 minutes each for their side of the case. Each brought photos that made everyone laugh and the arguments were challenging – a good fight was had by all (verbally, of course). The floor then voted and the outcome not changed.

A GP then gave his perspective. Dr Nick

**CONTINUED ON PAGE EIGHT**
Hewitt concluded that primary care can do more, enabling secondary care to do it better. But training is an issue.

Mr Paddy Forbes then spoke about the legal issues, another thought provoking and reflective topic which probably needs further exploration in the future.

And in the afternoon
Gill Parker chaired the post-lunch session. Julia Herbert reflected on the NICE pelvic floor exercises regimes and Mandy Wells encouraged everyone to do nurse prescribing in clinics. This led to debate from the roving mikes on the floor regarding funding of drugs if prescribed in secondary care to primary care.

There was another short break for tea – and yes, we did have scones and cream! Then the fourth and final session of the day was chaired by our organisers. Professor Clare Fowler spoke about detrusor overactivity and the neurogenic bladder and, last but not least, Joanne Townsend gave us the latest news about urodynamic accreditation.

A great networking day was had by all and it produced many happy memories. Not least, there was the sight of the committee members appearing in logo tee-shirts with logo mugs and key rings to give to new people who joined the group.

Urogynaecology meetings for 2008
- May – Northants
- 27 August – Hinchingbrooke
- 13 November – Birmingham.
Details from Joanne Townsend on 0116 2588280.

Join today and help us share our knowledge with each other!

Julie Stops is Clinical Nurse
Urogynaecology ward 55u and Senior Staff nurse gynaecology, ward 102, at University Hospital of North Staffordshire.