Education pioneer dies
Former RCN Education Director Jean McFarlane, later Baroness McFarlane of Llandaff, who pioneered the campaign for nursing to become an academic discipline, has died aged 86. She joined the RCN's staff in 1960 and went on to spearhead England's first programme of research by nurses, for nurses, about nursing. She became the country's first professor of nursing in 1973, based at Manchester University.

Rod and Stuart re-elected
Rod Thomson and Stuart McKenzie have been re-elected as Chair and Vice Chair of RCN Congress, respectively. Both were elected unopposed and have held the positions for the past two years. “It was a privilege to be elected once again, and Stuart and I would like to thank members for all the support they have given us over the last two years,” said Rod.

Steps towards better care win support
Launched at RCN Congress, a toolkit aimed at improving patient care has already won support from members. Produced by the NHS Institute, the 15 Steps Challenge is based on a comment from a patient’s mother, who said: “I can tell what kind of care my daughter is going to get within 15 steps of walking onto a ward.” Download the free resource from www.institute.nhs.uk

Sharing Mary Seacole’s life story
Staff from the RCN’s West Midlands region raised more than £200 for the Mary Seacole Memorial Statue Appeal, with a stand at the Levi Roots Caribbean Cooking Festival in Birmingham. They handed out leaflets and told members of the public about Mary Seacole’s achievements and why the RCN is helping to raise money for a memorial statue.

NI Nurse of the Year
The RCN Northern Ireland Nurse of the Year Award 2012 has been won by a sexual health nurse from Northern Health and Social Care Trust. Claire Galloway fought off competition from five other finalists to receive the award for transforming and modernising the trust’s sexual health service, improving its performance and increasing patients’ access to it. She was presented with the accolade by Health Minister Edwin Poots.

Board proposals: what’s your view?
A consultation document on proposals for RCN boards is now available on the website. At RCN Congress in May, Chair of Council Professor Kath McCourt agreed to set up meetings for branch executive officers to gather the views of branches on the proposals. The consultation document will be sent to them ahead of those meetings. Individuals can respond by email at lgreview@rcn.org.uk

“Quote of the month”
“Our concerns lie with the working environment for our members and with the quality of care for residents.”
RCN Employment Relations Adviser Claire Jacobs on the purchase of Four Seasons care homes by private equity group Terra Firma.

Access the consultation document at www.rcn.org.uk/lgreview, where a list of meeting dates will also be available.

Read more about Claire and the other finalists at www.rcn.org.uk/northernireland

It was fantastic to be able to share the story of Mary Seacole and celebrate what she did for nursing
RCN Patch Administrator Audrey Bergan

Read more about the Mary Seacole Memorial Statue Appeal at www.maryseacoleappeal.org.uk

Read more about the Mary Seacole Memorial Statue Appeal at www.maryseacoleappeal.org.uk

Read more about the Mary Seacole Memorial Statue Appeal at www.maryseacoleappeal.org.uk
Union anger at NMC fee proposals

Proposals by the Nursing and Midwifery Council (NMC) to increase nurses’ and midwives’ annual registration fee by nearly 60 per cent have given rise to widespread protest from the RCN and other unions.

The NMC says the rise, from £76 to £120 a year, will cover the cost of a large increase in fitness to practise referrals. But the RCN called the proposals – currently out for consultation – “badly timed and poorly thought through.”

In a joint statement with the Royal College of Midwives, Unison and Unite, the RCN said: “We believe it is inappropriate to seek such an increase when nurses and midwives are already seeing multiple assaults on their pay packets.”

Dr Peter Carter, RCN Chief Executive, said: “As a member-led organisation it is vital we gather the view of our members to inform any formal response. The more views we get, the stronger our response will be. I fully expect that nurses will make known their concerns about this potential increase and would hope that both the NMC and the Government will consider seeking alternative funding solutions.”

Members have used the RCN Discussion Zone, Twitter and Facebook to condemn the planned rise, with one describing it as “a kick in the teeth”. Another said: “Just when I think we nurses can’t be penalised any further, here we go again.”

To help inform its response to the NMC consultation, the RCN has launched a survey to gather member feedback. Details are on page 13 or you can complete the survey at http://frontlinefirst.rcn.org.uk/NMCsurvey
Survey reveals rising tide of public dissatisfaction

The Government must sit up and take notice of new findings that show a record drop in satisfaction with the NHS, RCN Chief Executive Dr Peter Carter has said.

According to an independent survey of more than 1,000 people, public satisfaction with the way the NHS is run fell from its highest ever level of 70 per cent in 2010 to 58 per cent in 2011. This is the largest fall in any year since the British Social Attitudes survey began in 1983.

The fall comes after almost continuous annual improvements in satisfaction since 2001, with 2004 the only exception. The results also reveal significant rises in dissatisfaction – from about 18 per cent in 2010 increasing to 24 per cent – and an increase in more equivocal attitudes, from 12 per cent to 18 per cent.

“These findings are disappointing but not surprising,” said Dr Carter. “Over the past couple of years we have seen tens of thousands of posts stripped out of the health service. Staff are working under huge amounts of stress and pressure.

“The RCN has consistently said that the programme of huge reform coming at a time as the service in England struggles to save £20 billion will have negative consequences. This survey now bears this out – and the Government will have to sit up and take notice of these findings.”

Carried out between July and November last year, the survey results also reveal decreasing satisfaction with other NHS services. Figures for inpatient, outpatient, and accident and emergency services all fell by between five and seven percentage points. Highlighting the pressures faced by those working in A&E, Dr Carter said: “This is a particular issue in accident and emergency settings and sadly we have heard many cases of patients being regularly treated on corridors.”

South West reps to fight ‘pay cartel’

Latest attack on national terms and conditions

The RCN has criticised plans by 16 NHS trusts in the south west to form a “pay cartel” designed to cut pay and terms and conditions for staff in the region.

Health trade unions and professional associations representing the region’s NHS staff have joined together to condemn the plans, which will see the trusts paying £10,000 each to join the South West Pay, Terms and Conditions Consortium.

A leaked consortium document proposes to move away from Agenda for Change (AfC). The unions and associations are urging employers to work with staff locally to find viable efficiency strategies that do not put quality patient care at risk.

Jeannett Martin, RCN South West Regional Director, said: “The RCN is shocked that at this time of financial hardship 16 trusts in the region have committed £160,000 into a scheme to cut pay and terms and conditions for hard working NHS staff. This money will be taken out of patient care and would be better spent on improving local health services.”

She added that it would further damage the morale and motivation of NHS staff and have serious implications for recruitment and retention. RCN representatives will be challenging their employers about the consortium, while unions and professional organisations will formally request that the trusts return to partnership working.

This is the latest attempt to move away from AfC. In March, the RCN and other health unions submitted evidence to the NHS Pay Review Body on local pay, saying it would have a negative impact on nursing staff, the NHS and patients.

Another example is linking pay and conditions to performance. For example, Central Manchester Hospitals Foundation Trust tried to withhold pay increases for 83 staff based on their sick records.

Deputy Prime Minister Nick Clegg has subsequently spoken out against regional pay.
Volunteers needed to save lives

RCN-backed scheme will help people in Malawi

Experienced nurses and midwives are needed to help improve health care in Malawi, which has high maternal mortality and critical shortages in health staff and supplies. The RCN is working with Voluntary Service Overseas, the Royal College of Midwives and the Malawian Initiative for National Development on a three-year UK government-funded programme aimed at improving nurse training and health service management.

Volunteers will spend up to two years sharing their skills with Malawian health workers; and will return with new knowledge and the ability to develop others.

RCN member Lisa Drayton volunteers as a nurse and midwifery trainer in Mzuzu. At her hospital, nurses are overstretched and wards overcrowded, with patients often sharing beds or lying on the floor. There can be 70 patients in a 30-bed ward with two nurses to care for them. Heavily pregnant women had to sleep outside.

Lisa was able to spot opportunities for innovations. “There would be nothing written about patients who’d been on the ward for months,” she said. “Patients would die and no one would know why.” Working with her ward manager, she introduced a documentation system that was adopted throughout the hospital; while Lisa’s teaching helped improve the student pass rate at Mzuzu University Hospital from 38 per cent in 2010 to 100 per cent last year. She has helped to train 150 student nurses and midwives.

New army initiative

RCN to support army nursing research

RCN Chair of Council Professor Kath McCourt attended the launch of the army’s 2nd Medical Brigade nursing professoriate, which will research improvements in army nursing care.

It will bring together Territorial Army nursing academics to research and demonstrate how nurses in the brigade improve standards of care in hostile environments for injured service personnel, and other casualties who they may care for.

It is hoped that opportunities will be found to promote the research at national and international level through the RCN and universities.

The brigade has the largest number of army nurses grouped together in a single chain of command, and oversees the deployment of all nurses into operational land environments such as Iraq and Afghanistan.

From the heart

When my youngest child was born she needed a lot of medical care, and she was in and out of hospital. I was an engineer, but a nurse suggested I consider retraining and I now work as a neonatal nurse at James Cook Hospital in Middlesborough.

I have abseiled down the Transporter Bridge in Middlesborough for a local hospice, and done lots of fundraising for cancer charities. At the moment I’m supporting the breast cancer charity, Walk the Walk, where you walk marathons in a decorated bra.

Of course, you do not do charity work for recognition. It is part of who I am and what I do, and gives me a feeling of giving something back. It is really nice that someone thought enough of what I do to feel they wanted to acknowledge it by nominating me to carry the Olympic torch. It was overwhelming.

For more information, visit www.vso.org.uk/volunteer

Read more at www.rcn.org.uk/bulletin

RCN BULLETIN JULY 2012

For more information, visit www.vso.org.uk/volunteer

Read more at www.rcn.org.uk/bulletin
Letters and emails

Test for courtesy and communication

Please can we prepare nurses better for coping with life/work after registration?

I am a matron and have been registered since 1980. I had a wonderful training at Southampton University Combined School of Nursing and I would like student nurses to be tested on the following competencies: ward management; total patient care; medication round; communication skills.

Practical and theoretical knowledge are essential. A combination of these with dedication and compassion are also important.

Can we consider more focus on how nurses are assessed on their communication and courtesy, and advanced communication skills could also be taught?

Christine Fitzgerald, by email

How can we support you?

People often ask why I became a learning disability nurse and I have commented on how it is possible to make a difference for people, and the opportunities for innovative thinking. These points are brought into sharp focus in the Learning Disability Nursing Forum film launched at RCN Congress.

With the numbers of people with a learning disability increasing, this is not just a challenge for nursing in learning disability services, but across all services.

I urge readers to watch the film, and think about how learning disability nurses can support you to work with people with learning disabilities in your role. The work of learning disability nurses extends far beyond learning disability services; by working collaboratively we can create new solutions and provide effective nursing care.

For this to happen learning disability nurses will be needed, so please sign the RCN pledge today and support people with learning disability to access high quality nursing across all services.

Owen Barr, RCN Learning Disability Nursing Forum

The winds of change

Meetings, conferences, government participation via attendance at RCN gatherings – all these are part of what we are about, as both a profession and a trade union.

But they are only chaff in the winds of change, not change itself on the ground.

With over 25 years’ experience as an NHS nurse and, proudly, an RCN steward in my day, change always had to start with me – every day as I went on to the wards as a nurse or to meetings as a steward.

We must grasp the nettle and stop being pessimists who see only difficulties in opportunities and become optimists who see opportunities in our difficulties.

Bob Bedwell, by email
A shocking move

Act now to prevent a rise in registration fees of almost 60 per cent

It’s been a tough year for nursing staff across the UK, and if the Nursing and Midwifery Council (NMC) succeed in its plans, things are set to get even tougher.

You have already had to accept an increase in pension contributions, a freeze on your pay and a working environment that gets tougher by the day.

As if to add insult to injury, the NMC has proposed to increase your registration fee from £76 a year to £120 – a shocking move.

We have been clear that you should not be expected to pick up the tab for the NMC’s financial difficulties. As such, we have expressed our outrage at this proposal, and will be submitting a formal response to the NMC’s consultation in due course.

In the meantime, we need your help. We want to be able to express what the nursing profession thinks of the proposed rise but we can only do that with your views. Make no mistake about it, your voice is absolutely critical to whether we win this fight or not.

I know how busy life can be, but issues rarely get more important than this. This is your money and the future of your regulatory body – we need you to speak up.

Visit http://frontlinefirst.rcn.org.uk/NMCsurvey now to complete our quick survey or turn to page 13 of this issue of RCN Bulletin.

Dr Peter Carter
RCN Chief Executive

A 58% increase in professional fees [as proposed by the Nursing and Midwifery Council] is grossly disproportional and out of touch with reality! In these times of austerity I think the NMC needs to be cutting costs and utilising £53 million better!

Samantha Monks

Someone walks into a GP practice and says a man has collapsed 100 metres away. The practice nurse, on her lunch break, offers to call an ambulance. The midwife present sends an HCA to look at what is going on. What should the practice nurse or midwife have done? Did they act reasonably and comply with codes of conduct?

Gareth Phillips
Peer pressure

Lord Willis is chairing an RCN-hosted commission examining the future of nurse education. He tells Daniel Allen about progress so far.

Seeing the nursing profession trashed in a national newspaper is never going to make comfortable reading. But last year, when one well-known media commentator turned on nurses with degrees, saying they “see themselves as too important for wiping bottoms” and more like managers than carers, it was heartening to see so many forceful rebuttals.

“Ill informed, biased, inaccurate and misleading,” wrote one nurse on the newspaper’s website. “Wrong and a downright insult,” said another. A third, with a degree, a specialist practitioner qualification and studying for a master’s, wrote: “I am considerate, caring and I love my job – so much that I have spent thousands of pounds and hundreds of hours making myself the best, most well-educated nurse I can.”

Public perception

Yet despite the robust defence mounted by nurses offended by the article, its author seemed to tap into a wider public perception that something is wrong with the way nurses are being trained.

Against this backdrop, and other health care challenges including longer but not necessarily healthier lives, the RCN announced in April the establishment of an independent commission to look at the form and content of nurse education.

Chaired by Lord Willis of Knaresborough, a former head teacher, MP and Shadow Education Secretary, members of the Willis Commission on Nursing Education have spent the three months since its inception gathering submissions.

“The evidence to date has largely come from organisations that have a direct involvement with the training and deployment of nurses, and is of a high quality,” says Lord Willis.

Submissions received cover many of the areas the commission wants to examine, but, the peer adds, there is a need to engage far more with trusts and private and community organisations as well as individual nurses, students, practitioners and academics.

‘Considerable concerns’

Lord Willis came to the role of commission chair with certain perceptions of the way students are prepared for a career in nursing.

“I’d understood that following Project 2000 there were considerable concerns about the overall state of nurse education and whether there was sufficient balance between academic and placement education,” he says. “And this became more acute following the move to a fully graduate profession and the inevitable conflicts that arise from degree-standard education, particularly in light of a growing number of concerns about nurses highlighted in the media.”

Dispelling the myths

Many RCN members will be cheered by hearing what comes at the top of Lord Willis’s list of challenges that need to be addressed.

“First and foremost is a need to reassure both patients and the wider public that many of the myths about the education and training of nurses are simply that – myths.”

Even so, given the commission’s focus on pre-registration education is there a risk that nursing students and those who educate them will feel that public criticism of nursing is somehow their fault?

“Inevitably,” he says, “but that will happen irrespective of the Willis commission – which is why we have the opportunity to examine the evidence around criticisms and respond robustly with clear recommendations.”
“My whole approach is to search for improvement, best practice and innovative solutions. Simply seeking out criticism is a wasteful exercise – but not using it as an opportunity to lever improvement would be equally wasteful.”

Education ‘is not in crisis’

Nurse education cannot, of course, be considered as an entity separate and distinct from the environment in which registered nurses are expected to practise. But do existing systems for delivering health care – NHS or beyond – lend themselves to nurturing intelligent, compassionate, dynamic practitioners?

In addressing that question, Lord Willis says it’s important to make one thing absolutely crystal clear – nurse education is not in crisis, “far from it”.

He continues: “Equally we must have a care delivery system that can fully take advantage of the best educated and trained nurse workforce we can provide – each is mutually dependent on the other.

“If, as is expected, more nurses are to be employed in community and other non-traditional settings – often working with a team of other professionals – nurses must be empowered to lead, inspire confidence and have high-order skills.”

A self-aware profession

The commission is due to report before the end of the year and Lord Willis says he is looking forward to making recommendations that show what excellent nurse education should look like.

“The commission is due to report before the end of the year and Lord Willis says he is looking forward to making recommendations that show what excellent nurse education should look like.

“Nursing is an incredibly self-aware profession, constantly striving to improve and give patients the best possible care. It is absolutely imperative that nurses are provided with the right education and skills to equip them for the role.”

Timeline

The first deadline for submissions to the Willis Commission on Nursing Education passed in May and the commissioners called a large number of expert witnesses to give oral evidence during June.

That process and an analysis of the evidence received will result in a call for further submissions, some of which will be targeted at groups where the response to date has been incomplete. Lord Willis says: “This is an iterative process and we will not turn any evidence away to simply meet arbitrary timelines. However, we remain on course to complete our work in the late autumn of 2012.”

Read more at www.rcn.org.uk/nurseedcommission

The impact of the Health and Social Care Act on nursing staff in England remains to be seen but there are challenges all over the UK. Here in south Wales, we’re increasingly finding that staff morale is a problem that needs to be addressed urgently.

Right now, stewards in our Cardiff and Vale branch are dealing with collective disputes about down-banding and, as pressures mount, workloads are becoming horrendous.

Our branch is determined to work with staff and employers to provide the support RCN members need. We’re not only highlighting these issues but also providing practical help and advice to improve working lives.

Our branch is providing training opportunities, practical representation and working on new projects to make sure that RCN members know they are not alone.

We are the RCN; we know our support is essential.

www.rcn.org.uk/wales
Bridging the gap

The UK countries are finding their own answers to the integration of health and social care and the challenges it presents

The four countries of the UK are all finding different solutions to the challenges of providing joined-up health and social care. Those challenges are numerous but include rising costs and an ageing population, but how are the four UK countries addressing the issues and what is the RCN doing to support members at the intersection of health and social care?

What members think

More than 2,000 RCN members in England, responding to a 2011 survey, highlighted the confusion over why and when care is free, and when service users must pay.

For many survey respondents, merging with services run by councils also prompted concerns that health care staffing, training and resources would be compromised to make up for social care shortfalls.

Ian Norris, Chair of the RCN’s Nursing Practice and Policy Committee, says: “However a country chooses to deliver health and social care, it is vital to get it right – for the benefit of patients, service users and their families and carers, and for staff.”

He adds: “We need to ensure care is properly funded, and that patients do not end up in a costly circle of delayed discharges and readmission. “And while the different countries should decide their own way forward, I urge them to learn from each other.”

England

Under the Health and Social Care Act, councils and the NHS are required to set out local priorities through health and wellbeing boards. Clinical commissioning groups should base their decisions on these priorities but the RCN has concerns about how this will work in practice.

And although a draft social care bill is expected, there is still no clarity from the Government on future funding arrangements. Earlier this year, an RCN policy statement called for a simplified system that improves integrated care and invests in community resources. The RCN also said nursing care should remain free.

Northern Ireland

Health and social care has been fully integrated in Northern Ireland since 1972, and was reformed in 2007 into five trusts.

While integration works better in some places than others, the RN believes the system is well established. Read about how it works in practice at www.rcn.org.uk/bulletin

Scotland

A consultation on integrating health and social care is finishing in September, with a subsequent bill to be introduced to the Scottish Parliament. A member survey on the Government’s proposals has just finished and the results will be used to shape RCN Scotland’s response to the consultation.

It is expected that health boards and councils will be pooling resources – which should result in money moving from acute settings to the community.

In March, RCN Scotland published principles for integrating care – and believes any proposals to change the existing system should rest on these principles. Read the principles at www.rcn.org.uk/scotlandintegration

Wales

Responsibility for health and social care is split between seven health boards and 22 councils. The RCN is supportive of moves, including draft legislation, to bring social care commissioning to a regional level. It will ensure national eligibility criteria, and pooling budgets between health and social care. The RCN believes this will improve the patient experience and use resources – including nursing time – more effectively.
Biking to better health

Kim Bell talks to an RCN member in the independent sector striving to improve the general health of men in residential services

Situated across 120 acres of Northampton parkland lies the main site of St Andrew’s Healthcare, the UK’s largest charitable provider of NHS care and the workplace of RCN member Phil Broxton. “I’ve pretty much grown up here,” Phil says. “I started as a health care assistant in my late teens and have slowly moved up the ranks.”

The charity supported Phil to undertake his nurse training back in 1998 and he now works as a therapy manager for the charity’s mental health care services for men, a role that includes planning appropriate treatment and activity for 180 service users across ten wards.

“It’s challenging but enjoyable,” says Phil. “I’ve seen a lot of changes in approaches to treatment over the years but the focus now is very much on involving people in their own care. We work in partnership with service users to promote their recovery.”

St Andrew’s, which also has sites in Essex, Birmingham and Nottinghamshire, provides specialist residential care for people with mental health disorders, learning disabilities and autistic spectrum disorder through medium to low secure and pre-discharge services.

Phil Broxton
The RCN political leadership programme will be relaunched this autumn: www.rcn.org.uk/leadership

Go to www.rcn.org.uk/bulletin to find out more about care at St Andrew’s.

Political leadership

Two years ago Phil was urged to go on the RCN’s political leadership programme, an experience he says helped him define his goals and develop better influencing skills. “The programme made me consider what I wanted to achieve for service users and what I could be implementing to make a difference. I decided to tackle the health inequalities most affecting men in my care, namely smoking, alcohol dependence, obesity and a lack of physical activity.”

Phil was supported by his programme coach, respected nurse leader Sir Stephen Moss, and received expert advice to help him formulate an action plan. Since then Phil has been successful in setting up and supporting a monthly men’s health forum, a smoking cessation programme, weight management workshops and providing Wii Fit Plus for wards.

The programme also empowered Phil to combine his passion for cycling with improving general health outcomes for clients at St Andrew’s. Cycle tracks were created on site and 30 bikes were purchased for staff and clients to use. Last summer, the charity hosted its first bikeathon with those taking part cycling a combined distance of 170 miles.

“It was a great incentive,” Phil says. “We were giving out certificates of achievement and people who hadn’t been active for years were giving it a go. One man with a body mass index of over 40 cycled a lap and for him that was a huge step forward. He got off the bike saying he was determined to do more next time. Since implementing these changes we’ve seen a four per cent reduction in obesity levels among the men in my service.”
NMC fees: what do you think?

With nurses facing an increase in registration fees of nearly 60 per cent, the RCN wants to hear your views on the proposals, so please complete the short survey below.

The Nursing and Midwifery Council (NMC) is consulting on plans to increase its registration fee to £120 – but the RCN and other unions have condemned the proposals as “excessive and unacceptable”.

Now, the RCN is asking its members to share their views of the proposed rise, and the answers received will form the basis of the College's response to the consultation.

The regulator is proposing to increase the registration fee by more than 58 per cent – from £76 to £120 a year – and is considering linking future increases to inflation. The registration fee has not changed since 2007.

The NMC says it is independent of government and is substantially funded by registration fees. Currently, fees generate a total annual income of about £53 million.

The regulator says it has experienced an unprecedented 48 per cent increase in fitness to practise referrals since 2009, which it believes is probably a result of high profile failures in care and the increasing willingness of employers, patients and the public to make referrals.

Details of the NMC's proposals are available at www.nmc-uk.org. Members are urged to read the consultation and complete the survey below to help shape the RCN's response.

You can also complete the survey online at http://frontlinefirst.rcn.org.uk/NMCsurvey

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<td>The NMC is funded by nurses just like you. Do you think the Government should contribute to paying for the running of the NMC?</td>
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Any further comments? Please continue on a separate sheet if necessary.

Please return the survey by 31 July to NMC Survey Results
Policy and International Department, Royal College of Nursing
20 Cavendish Square, London W1G 0RN
Women ‘let down’ by lack of support

Many women feel let down by the lack of support available in what should be a high-priority area, according to gynaecology clinical nurse specialist Wendy Rae Mitchell. She voluntarily runs support group services for women with endometriosis – a long-term gynaecological condition affecting up to two million women in the UK.

“Support groups form an important source of information and reassurance for women and their partners. Since the average diagnosis time for endometriosis is currently seven and a half years, women have often been suffering from personal and debilitating symptoms for some time before they are seen in clinic,” said Wendy.

The support groups are a joint venture between Endometriosis UK and the Royal Surrey County Hospital where Wendy works. The focus is on helping find ways to manage the condition, and women are encouraged to openly explore their treatment plans.

Although there are a number of similar groups UK-wide, Wendy said there aren’t enough to match the need. “The aim is to grow a number of recognised support centres across the UK, each led by a gynaecology nurse specialist.”

Feedback has been overwhelmingly positive and Wendy said partners also benefit from the support. “It can be very isolating for partners to deal with – together they don’t feel so alone. The impact on couples shouldn’t be underestimated.”

To explore the effects the condition can have on couples, researchers at De Montfort University, Leicester, are currently undertaking an 18-month study. Wendy is in the advisory group for the study with forum steering committee member Wendy Norton.

Carmel Bagness, RCN Women’s Health Adviser, said: “Support is clearly needed for managing endometriosis as well as a greater understanding of its consequences. The RCN is delighted to support any project that develops knowledge in this area.”

An ABC of IBD in times of austerity

A Gastrointestinal Nursing Forum audit exploring the role of inflammatory bowel disease (IBD) nursing was presented at Congress. Forum Chair Isobel Mason shares some of the findings.

Why was an audit important?

Despite falling below national standards, the numbers of IBD specialist nurses are rising and they’re doing more – we wanted to know what and where, to address key areas of concern and look at ways to best support the role. The response was huge – 198 out of the 240 IBD nurses we identified UK-wide responded.

What was most surprising?

The sheer volume of patient contacts. It’s staggering how much IBD nurses contribute to patient care – over a 10-day period, there were 6,500 patient contacts with the 198 respondents. The audit also highlighted that two thirds of IBD nurse specialist services are suspended or partially suspended when the IBD nurse is away. In these times of austerity, this information is crucial to show their extraordinary impact.

What else was highlighted?

Most IBD specialist nurses are based in secondary care and a high percentage (35 per cent) are nursing prescribers. However, overall, qualification levels are disappointing and a massive 70 per cent don’t receive clinical supervision.

Any future plans?

We want to present our findings far and wide. They’ve already been presented in San Diego at Digestive Disease Week and at the European Crohn’s and Colitis Organisation conference. We’ve now got two workshops this autumn to involve audit participants in future action-planning – this will include further investigation of the patient experience. We’ve come a long way, but there’s further to go.

RCN Women’s Health Forum members are involved in projects to improve support for women with endometriosis.

Read more about the DMU study at www.endopart.co.uk

Read Wendy’s report at www.rcn.org.uk/endometriosis

This work has been supported by an unrestricted education grant by Shire Pharmaceuticals.

Download the audit at www.rcn.org.uk/publications
A marvellous report

Felicity Dahl, wife of the late Roald Dahl, was the star guest at a Congress event that presented a new sickle cell and thalassaemia (SCT) specialist nurses report. RCN members contributed to the report, which highlights the complexity and wide-ranging contribution of SCT specialist nurses across a lifetime of care.

Professor Elizabeth Anionwu, RCN fellow and the UK’s first-ever SCT nurse specialist, and analyst Dr Alison Leary produced the report with funding from Roald Dahl’s Marvellous Children’s Charity. Elizabeth said: “I’m delighted it was commissioned. The findings demonstrate how beautifully SCT specialist nurses mirror the NHS QIPP agenda and the hugely positive impact they have.”

Orthopaedic and trauma care

Competences providing a clear and consistent framework for orthopaedic and trauma nursing staff will be launched this year, aiming to offer a solid foundation to optimise evidence-based practice and provide safe competent care.

First published in 2005, the competences have been reviewed by the Society of Orthopaedic and Trauma Nursing (SOTN) and will include skills required by health care assistants, assistant practitioners and those working in children and young people’s services. Mary Drozd, SOTN committee member, said: “This is an extremely useful document – it is vital the appropriate education, training and development is in place to ensure the right level of practitioners with the requisite competences are caring for orthopaedic and trauma patients.”

Technologically speaking

Members were encouraged to embrace the benefits technology can offer to enhance patient care at a Congress event that launched new guidance, Using Technology to Complement Nursing Practice. The content was overseen and shaped by a task and finish group including members from the Rheumatology, Neurology, and eHealth forums. It covers the principles and key issues in providing safe and effective eHealth services, including telephone advice, text messaging, web-based support, and remote monitoring.

CYP AP roles

The CYP forums have been collaborating on a new publication that examines the background and development of the assistant practitioner role in children and young people’s services. The publication, due to be launched soon, looks at key policy issues and makes recommendations for future developments.

A clearer vision

The Ophthalmic Forum is finalising its dynamic conference programme taking place in November. The theme is “insight and vision”, and will encompass listening, understanding and responding to the requirements of patients receiving ophthalmic nursing care. Ophthalmic Forum Chair Mary Shaw said: “While principally aimed at busy ophthalmic nursing staff, the content is of great significance to all fields of nursing – for example, we have speakers addressing whether people can see well enough to drive and the implications of registering as blind or visually impaired.”

Download the report at www.roalddahlcharity.org or visit sct.screening.nhs.uk
Local to global

London, 20-22 August
Advanced nursing practice: global vision – global reality

How can advanced nursing, with its innovative practice development, meet the ever-increasing demands placed on both local and global health care systems? That is among the key questions that this conference will debate and analyse, by bringing together nurse practitioners, advanced practice nurses, clinical nurse specialists, researchers, educators, policy-makers and managers from around the world.

The conference will celebrate the global diversity and success of advanced nursing practice in meeting the health care needs of patients and populations in different clinical settings. There will be an emphasis on advanced practice professional regulation, prescribing, educational preparation, applied research and advanced nurses working in challenging environments.

For more details, visit: www.rcn.org.uk/innp2012

Learning to lead healthy lives

London, 29 August
Stepping toward success – helping children and young people achieve their potential

The RCN’s school nurses are holding a conference and exhibition, with the aim of supporting children and young people to lead healthy lives, now and in the future.

Sessions will include the Food for Life partnership, looking at how transforming school food can improve health and wellbeing; dealing with drug dilemmas; cancer care; supporting children with enuresis; and asthma management.

Download the event flyer and see the full programme at: www.rcn.org.uk/schoolnurses2012

Taking time

Oxford, 26-27 September
18th International Network for Psychiatric Nursing Research conference

This year the 18th Network for Psychiatric Nursing Research (NPNR) conference will explore two overlapping themes linked by the concept of time: mental health nursing practice and research across the lifespan; and historical and biographical approaches to mental health nursing research.

The NPNR conference provides a friendly, vibrant and supportive environment in which delegates can consider and explore some of the creative and constructive changes that mental health nurses, researchers and their allies can bring about.

For details visit www.rcn.org.uk/npnr2012

Northern Ireland
4 August, Belfast
Pride festival

Scotland
5 July, Edinburgh
Nutrition and hydration workshop

Wales
13 September, Cardiff
RCN conference for nursing home staff

East Midlands
3 September, Derby
Derbyshire branch meeting

Eastern
11 July, venue tbc
Suffolk branch meeting

London
12 July, Croydon
RCN Outer South West London branch

North West
10 July, Ellesmere Port
Capability and performance: representative learning and development session

Northern
10 July, Sunderland
RCN and OU commissioning summit

South East
11 July, Woodingdean
Brighton branch meeting

South West
24 July, venue tbc
RCN Cornwall branch

West Midlands
6 July, Birmingham
Using information to improve patient outcomes

Yorkshire & The Humber
4 September, Leeds
Custody and Caring 2012 conference

How can advanced nursing, with its innovative practice development, meet the ever-increasing demands placed on both local and global health care systems? That is among the key questions that this conference will debate and analyse, by bringing together nurse practitioners, advanced practice nurses, clinical nurse specialists, researchers, educators, policy-makers and managers from around the world.

The conference will celebrate the global diversity and success of advanced nursing practice in meeting the health care needs of patients and populations in different clinical settings. There will be an emphasis on advanced practice professional regulation, prescribing, educational preparation, applied research and advanced nurses working in challenging environments.

For more details, visit: www.rcn.org.uk/innp2012

A few weeks ago, I spent a day with RCN staff “walking the wards” of the Gloucester Royal Hospital. This is an initiative by RCN South West to raise awareness of International Nurses’ Day, thanking nurses and health care assistants (HCAs) for the contribution they make to care in the region and hearing the views of members on local issues.

The event was very successful, with several of the ward sisters encouraging their staff to come and talk to us and learn about the RCN. Importantly, we also dispelled the myth that HCAs cannot join the RCN, which appears to be a common misconception.

The visit also enabled me to meet with colleagues while I was out of my clinical role, giving me time to discuss their work and responsibilities, and talk about ways the RCN can and is helping with local issues.

There are many similar visits taking place over the next few weeks, so visit our web pages for other dates.