

Liberating the Talents

Helping Primary Care Trusts and nurses to deliver *The NHS Plan*

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Foreword



Ninety per cent of all patient journeys begin and end in primary care. For most people primary care is the NHS. That is why delivering improvements in primary care lies at the heart of *The NHS Plan*. And it is here that the role of nurses, midwives and health visitors will be crucial.

There is a great deal of change and innovation taking place already as nurses, midwives and health visitors in primary care extend their roles and work

in new ways. At the same time Primary Care Trusts and front line staff are saying that traditional ways of organising and delivering nursing services in primary care are getting in the way of responding to the needs and wishes of patients and communities. They want greater freedom and more flexibility.

Liberating the Talents provides primary care organisations and front line staff with a new framework for planning and delivering nursing services in primary care. It does not tell PCTs what to do neither does it set new targets - it provides a coherent strategic direction and practical support for change. The key messages have come from front line staff, patient groups, PCTs and professional organisations through the many discussions that have taken place.

Delivering *The NHS Plan* means services need to be integrated around the needs of patients and communities. The messages in this guide are as relevant to hospitals and the wider health and social care team as they are to nurses, midwives and health visitors working in primary care.

The timing is right to liberate the talent and skills of the entire workforce so that every patient gets the right care in the right place at the right time. I am sure that *Liberating the Talents* will support you to take forward nursing in primary care so that it is fit for the 21st century and can play a full part in improving health and health care.

A handwritten signature in blue ink that reads "John Hutton". The signature is fluid and cursive, with the first name "John" and last name "Hutton" clearly distinguishable.

John Hutton MP
Minister of State for Health
London
2002

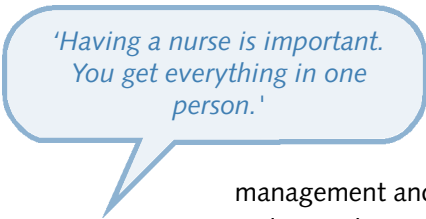
Introduction

'Our objective is to liberate the talents and skills of all the workforce so that every patient gets the right care in the right place at the right time.'

(Delivering the NHS Plan, 2002 p 34)

At its heart *The NHS Plan* aims to improve health and health care for patients and communities. Delivering this ambitious and far-reaching programme of investment and reform means change for everyone, wherever they work in health care. Nowhere is change more keenly felt than in primary care, this is not surprising since 90% of patient journeys begin and end in primary care and it is where most contacts with the NHS take place. Primary care needs to change if patients and communities are to benefit from the NHS reforms and the extra investment.

Nursing, midwifery and health visiting make up the largest workforce in the NHS. They play a central role in a person's journey across sickness and health, home and hospital, birth and death. Like general practice, nursing in primary care has a long and proud tradition - providing expert care to individuals, families and communities in their homes, workplaces and schools, and in surgeries. They provide the full spectrum of care from primary prevention through to specialist disease management and palliative care. Primary care services are delivered in the real everyday world where life is lived, where health is shaped and where the majority of care takes place. Primary Care Trusts can ill afford not to harness and develop the skills of this workforce.



*'Having a nurse is important.
You get everything in one person.'*

The public's expectations are changing – and so are professional roles. Services are being integrated, support staff and local people are playing increasingly valuable roles and professionals are working much more as teams. We are all focusing more on people's needs and making better use of the expertise of practitioners. For nurses, midwives and health visitors in primary care this is both a challenge and an opportunity. The role of nurses and all professionals in primary care are being changed as a result of developments such as: PMS pilots, Walk-in-Centres, NHS Direct, GPs with special interests, the 'expert patients' programme and the expansion of

support staff and skill mix. Faced with these changes and the integration of hospital and community care and health and social care practitioners in primary care are asking themselves; *'How can we make best use of our skills to improve the health and health care of our population?'* This guide shows how many PCTs have started to answer the question already.

The term 'nurse' is used in this guide in its widest sense to cover the great range of nurses working at different levels for different employers and in different settings. The focus is on all nurses and health visitors working outside the hospital setting recognising that increasingly these roles cut across organisations into hospitals, social care and the independent sector. This guide does not focus on midwives but many of the ideas can apply to them.

There is a plethora of titles in nursing. This guide takes the approach that it is what gets done and the skills needed that matter not the title of the person delivering the service or who employs them.

'I feel more comfortable talking to the nurses, they have more time and explain things clearly.'

The quotes used in this publication are from service-users and patient organisations.

'As a user I want services to have clarity, openness and transparency. This means:

- *Holding my own records*
- *Being informed of what is happening next and when*
- *Staff who are trained in interpersonal skills – and monitored to ensure they are putting it into practice*
- *Training staff to get ready for the empowered patient*
- *Knowing and inviting feedback – regularly monitored – to include complaints.'*

1. Why change is needed

Important changes are taking place in patient and public expectations and in their health needs. Society is becoming more diverse. The population is ageing, chronic illness is increasing, prevention becomes more important and a better informed public wants more control and choice, less waiting, safe, high quality treatment and joined up services. Technological advances will impact on health outcomes, NHS costs and enable more care to take place in the home and primary care. At the same time the role of health care professionals is expected to change significantly. For those working in primary care there is a need to reflect on what this will mean and how we can ensure that the service is ready for this changing world.

'I want to see the same person - not tell everyone the same story'

'I want to change people's views about my health'

woman with learning difficulties

The NHS Plan

The NHS Plan is the Government's 10-year programme of investment and reform that aims to secure an NHS that is fit for the 21st century.

It sets out a coherent framework of:

- *high national standards and clear accountability*
- *devolution of power and resources to the front line to give health professionals who deliver care the freedom to innovate*
- *increased flexibility between services and between staff to cut across outdated organisational and professional barriers; and*
- *a greater diversity of service providers, and choice for consumers.*

(Delivering the NHS Plan Next Steps on Investment, Next Steps on Reform 2002 p.8)

The Priorities and Planning Framework 2003 – 2006 sets out the health and social care priorities and targets for the next three years.

- *Improving access to all services through
better emergency care
reduced waiting, increased booking for appointments and
admission and more choice for patients*
- *Focusing on improving services and outcomes in
cancer
coronary heart disease
mental health
older people
improving life chances for children*
- *Improving the overall experience of patients*
- *Reducing health inequalities*
- *Contributing to the cross-government drive to reduce drug misuse.*

*'When I came out of hospital
I was frightened, scared to go
out, no-one to talk to.'*

*'As a user I want the power
and information to make
decisions about my
health/life with friendly non-
judgemental support.'*

(Improvement, Expansion, Reform: the next three years
(Priorities and Planning Framework 2003 – 2006) p5)

This Plan cannot be delivered without the support of nurses, midwives and health visitors. If patients and communities are to benefit from the investments in the NHS announced in the 2002 budget and the reforms, nurses in primary care will need to be at the forefront of change and innovation. *The NHS Plan* is an opportunity to turn rhetoric into reality.

For nurses in primary care this will mean:

- **A service where patients and the public have a greater choice and a greater voice**
- **Opportunities to provide more secondary care in community settings**
- **Extending nursing roles including taking on some work currently done by GPs**
- **A key role in delivering 24-hour first contact care across a range of settings**
- **A major role in delivering National Service Frameworks**
- **Having a greater voice in decision making**
- **A focus on prevention and tackling inequalities**
- **Greater skill mix and leadership opportunities.**

Chief Nursing Officer's 10 key roles for nurses

Making a Difference: strengthening the nursing, midwifery and health visiting contribution to health and healthcare was published in 1999 and continues to provide nurses, midwives and health visitors with a strategic framework that will enable it to play a full part in delivering *The NHS Plan*.

The NHS Plan requires NHS employers to empower appropriately qualified nurses, midwives and therapists to undertake a wider range of clinical tasks.

10 key roles

- To order diagnostic investigations such as pathology test and x-rays
- To make and receive referrals direct, say, to a therapist or pain consultants
- To admit and discharge patients for specified conditions and within agreed protocols
- To manage patient caseloads, say for diabetes or rheumatology
- To run clinics, say, for ophthalmology or dermatology
- To prescribe medicines and treatments
- To carry out a wide range of resuscitation procedures including defibrillation
- To perform minor surgery and outpatient procedures
- To triage patients using the latest IT to the most appropriate
- To take the lead in the way local health services are organised and the way that they are run.

The new GMS contract

The new contract that is being negotiated for GPs should bring benefits to patients as well as new opportunities and better conditions for those working in general practice, including nurses.

Whilst it is too early to anticipate the exact contents of the new contract it is clear that there will be a considerable impact on nursing. Like PMS the new GMS contract will provide:

- a much greater emphasis on a flexible team approach to meeting the needs of patients
- more opportunities for nurses and others to take on new clinical roles
- the chance to become equal members of the practice team holding the contract
- greater skill mix so that practitioners can be freed up to take on advanced and specialist roles
- closer cross-practice and PCT joint working
- opportunities for nurses and others to provide those services that local practices have opted out of providing.


2. A new framework for nursing in primary care

Nursing, midwifery and health visiting in primary care provide essential services to the community. These services are needed by a range of groups with differing needs delivered in a variety of settings.

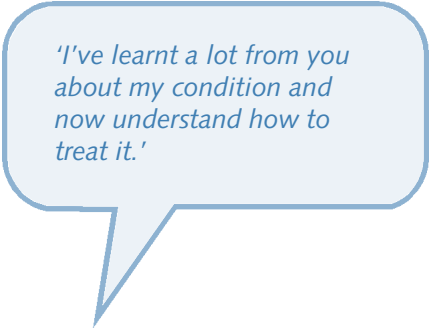
Whatever the title, employer or setting there are three core functions to be provided by nurses, midwives and health visitors:

- First contact / acute assessment, diagnosis, care, treatment and referral
- Continuing care, rehabilitation, chronic disease management and delivering NSF's
- Public health / health protection and promotion programmes that improve health and reduce inequalities

These three core functions overlap and should form the basis for planning services across primary and community care using the following framework.



'As a user I want the power and information to make decisions about my health/life with friendly, non-judgmental support.'

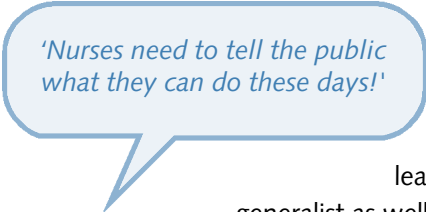


'I've learnt a lot from you about my condition and now understand how to treat it.'

Planning services in a new way

Services based on need: The provision of these services should be based on an assessment of need of individuals and populations and the skills required to meet those needs. This is the starting point – not who should do what or the enthusiasm of a particular profession.

The three core functions should be provided across all age and social groups according to need and designed around the journey that the patient takes through the health and social care system. Particular attention needs to be paid to people from black and ethnic minority groups, those living in deprived communities, children and young people, pregnant women, older people, those with mental health needs and learning disabilities. Vulnerable people need high quality generalist as well as specialist services.



'Nurses need to tell the public what they can do these days!'

Public involvement and choice: Patients and communities must be involved in service changes and provided with greater choice and a greater voice. The NHS needs to listen, respond and be accountable to patients and communities.

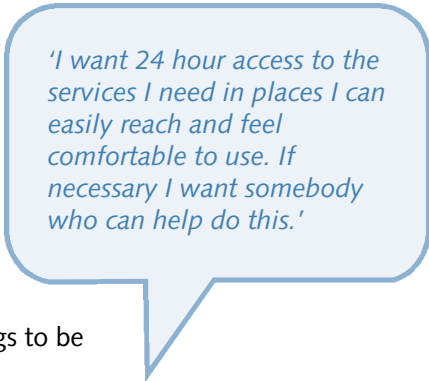
Developing clinical roles

Setting up new services: Delivering *The NHS Plan* will mean setting up new services and changing existing ones. Nurses and others will work in new ways and take on new clinical roles, working with the wider health care team.

Valuing generalists: There will be more generalists working in teams across all settings bringing the flexibility needed to provide care to individuals, families and communities. Support workers / health care assistants and registered nurses will become a more important part of the primary care workforce.

Advanced and specialist roles: More nurses will be developing advanced and specialist skills, supporting generalists and:

- Improving access to primary care as the role of nurses in assessing and managing conditions previously seen to be mainly the remit of GPs is increasingly recognised
- Providing more secondary care in the community enabling people who are currently seen in hospital settings to be cared for in the community
- Leading and delivering priority public health programmes.



'I want 24 hour access to the services I need in places I can easily reach and feel comfortable to use. If necessary I want somebody who can help do this.'

A one service approach: There will be more working across health and social care and hospitals and primary/ community care with joint posts and less emphasis on protecting professional roles when responding to patient and community needs.

Securing better care

Improving the working environment: The improvement in standards of care required by *The NHS Plan* means that the environment in which front line staff work has to improve. All nurses, whoever employs them, should have access to clinical supervision, professional advice, continuing professional development, good IT support and the knowledge and skills they need to provide high quality care that is based on sound evidence.

Greater freedom: Front line nurses, midwives and health visitors will have greater freedom to innovate and make decisions about services and the care that they provide. This will need to be matched with accountability for individual professional judgment and the use of best available evidence.

Effective leadership: Primary care nursing will need effective leadership if it is to take on new roles, work differently and deliver the improvements for patients and communities. This requires greater understanding of team development and the management capability to use human and financial resources creatively and effectively – to support and let go.

'It allowed me to ask questions that I thought the doctor would think were silly.'

'As a user I want to have a choice. This means:

- I want to be involved in determining the kinds of services on offer*
- A two way dialogue with providers*
- To be able to refuse services I do not want*
- To find pathways through to non NHS care and support and find them adequately resourced.'*

'I want accessible services that I feel comfortable to use. This means I need:

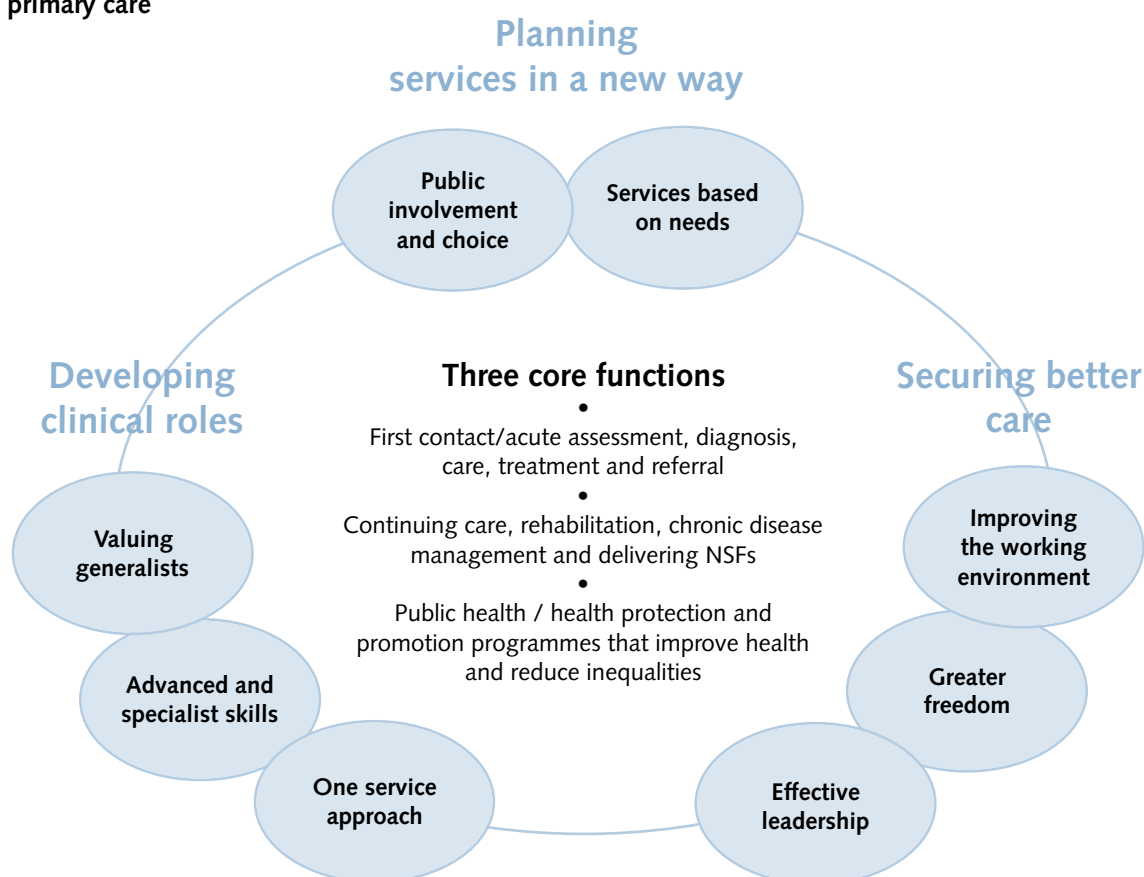
- To see my own community represented in the workforce at all levels*
- My first contact with services to be warm and friendly*
- Services based in community locations – close to home or work or school*
- Services that are flexible enough to be accessed at different times of the day*
- Interpreters where necessary*
- Childcare or respite care to enable me to use services.'*

3. Making change happen

Nursing in primary care is already changing. High levels of autonomy together with seeing how ill health and poverty affect people's lives has led to a culture of innovation and a willingness to change amongst many who work in primary care. However, current divisions, increasing workloads and new priorities mean that nurses, midwives and health visitors are feeling ever more constrained and unable to respond to the needs of their patients and communities. Change is necessary at all levels for them to be able to 'liberate their talents' and work in new ways.

We have drawn on the experience of a sample of PCTs and front line staff to illustrate the many different ways local services are changing to address local needs and help meet national NHS Plan targets.

A new framework for nursing in primary care



Planning services in a new way

Services based on needs

What needs to happen?

- Health needs assessment data to be made available to front line teams
- To work as a team to identify local needs and plan work
- Tools and training for health needs assessment e.g. community profiles, school health plans, Family Health Plans, Nursing Care Plans
- Access to IT to record patient care and health needs
- Involve front line staff in PCT and national priorities
- For everyone to take a public health approach when setting objectives and planning services
- Ensure that the skills of the team reflect priority needs and to think creatively about working across traditional boundaries
- Open doors to people who have difficulty accessing services such as black and ethnic minority groups

Examples

Havering PCT has developed a Health Needs Assessment pack supported by multidisciplinary training.

Ruth May 01708 465518

Staff in Milton Keynes PCT are using Family Health Plans to identify client views of their locality in relation to health and social need. These are some of the comments from those clients:

'It made me sit and think about the environment we live in.'

'We talked about some issues we had never really discussed before.'

Jenny.Hugman@mkc-tr.anglo.nhs.uk 01908 230525

Bolton PCT has used a School Nursing Profiling Tool as a key part of the new school nursing strategy. One of the nurses said: *'This profile tool has helped me examine the health needs of the community and the schools in which I work, determine the health issues that need addressing and then develop an action plan to bring about health improvement.'*

brenda.griffiths@bolton.nhs.uk 01204 874562

Gateshead PCT has worked with the University of Northumbria to produce a Health Needs Assessment tool to address the particular needs of the Orthodox Jewish community.

Chris Connolly 0191 477 4213

A multi-agency health needs assessment of asylum seekers in Sheffield led to an 'Unaccompanied Children Initiative' where children developed a health pack for their peers. *'It felt good to help new people arriving'.*

Joan.MacFarlane@Sheffieldse-pct.nhs.uk

As part of her Health Action Zone Fellowship Mary Garside, a health visitor in Sheffield, has developed a Family Health Profile to enable families to identify their own health needs and what they want from the service.

www.innovate.hda-online.org.uk

After assessing the needs of a deprived community in Somerset a nurse practitioner set up a nurse led drop in service for patients having difficulty accessing GP surgeries.

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www.modernnhs.nhs.uk

Public involvement and choice

What needs to happen?

- Provide staff with training and support to carry out user involvement especially with groups such as children and young people, people with learning disabilities, mental health problems and people from black and minority ethnic groups
- Involve patient/clients and carers in assessing their needs and planning their care
- Ask users what they think when planning service changes from an early stage
- Promote feedback on what action has been taken as a result of their involvement
- Support individuals who may lack confidence to voice their opinions
- Ensure access to up to date information and sources of advice for the public, such as NHS Direct, interactive web sites and email consultations
- Work closely with Patient Advice and Liaison Services (PALs), Volunteer Service Managers (VSMs) and Patient Forums
- Lay members on the PCT Board to have close links with front line staff to feedback a lay perspective to nurses
- Provide opportunities for local people to work in the health service
- For the lead and Professional Executive Committee nurses to be visible and readily accessible to the public
- Make available the results of national and local patient surveys

Examples

In North Tyneside a group was established to meet the needs of young parents. *'It's great to have a group like this for just us. We don't feel intimidated by older more experienced women.'* The staff said *'We have really listened to what young people want'.* *'This initiative is what PCTs are all about – local solutions in response to local need'*

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Interviews, involving agencies and charities, were carried out with users and carers of the Learning Disability service in Morecombe Bay PCT.

'I like to be able to choose which staff want to work with me' and 'I get my chance to have my say' were some of the comments from users. It empowered the staff *'Interactions within such a group are more meaningful. I can influence the task group to ensure the Partnership Board are informed of the problems in the field.'*

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GP practices have established nurse facilitated patient forums in Derby, a pilot model which is working well. *'It gives us an opportunity to make our views heard about what we want from the NHS.'*

linda.elliott@greaterderby-pct.nhs.uk 01332 224000 / 626300

In Mendip, Somerset the Changing Workforce Programme is working with the PCT to develop the role of a patient with diabetes to work with other patients to help them understand how to live with their disease.

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Burntwood, Lichfield and Tamworth PCT has set up carers focus groups and developed a questionnaire to obtain carers views on services. There are two members of the public on the older peoples steering group and sub-group on rooting out age discrimination.

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In Bolton PCT a public health practitioner is working with residents of a deprived estate to look at locally based services. A local mother said *'What is really brilliant is that we have got a chance to be in control of what happens. Us group of mothers are hoping to apply for money to develop a health house and to work with authorities to work with us, not us having to work with them to improve things on the estate'.*

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Hillingdon PCT has used focus groups, stakeholder events and semi-structured questionnaires, facilitated by a lay member, to revise service delivery. This has resulted in wider access to professionals. One elderly client commented, *'I didn't know where to obtain advice I needed to help my wife.'*

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In Dartford, Gravesend and Swanley PCT a 'Have your say day' for older people has informed service delivery.

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At Walthamstow PCT, Health Improvement Groups have been set up in each locality, meeting 2-3 monthly with members of the public and representatives from the wider community 'professionals' such as police, GPs, etc.

[Sheila Smith-Pryor](#) 020 8521 8742

Developing clinical roles

Setting up new services

What needs to happen?

- Know what is currently being provided
- Bring together all the people who are delivering or experiencing the services for a 'whole system/patient journey' approach
- Bring together front line teams and users to say what the gaps are how they should be filled
- Work closely with hospital colleagues
- Assess the levels of skills and knowledge needed to provide the new service
- Know that the new service is likely to improve health and health care of patients and communities and evaluate the impact of the new service
- Secure sponsorship for new services from PCT senior managers ensuring the new service is in line with PCT priorities for improving health and reducing inequalities
- Look at the 24 hour needs of the population
- Skills in quality improvement techniques
- Help front line staff to identify what they are going to stop doing when planning to take on new work and know how to handle the risks
- Know how to access and use resources creatively

Examples

PCTs have recognised the need to improve services for patients with chronic respiratory disease. A joint service for primary and secondary care has reduced admissions and readmissions in Knowsley PCT.

Shauna.dixon@sthkhealth.nhs.uk 0151 477 4725

North Tyneside PCT has set up a drop-in, out of hours clinic for clients who would otherwise have to take time out of work for nursing treatment, including anticoagulation monitoring. One patient said *'This clinic is very convenient for me as I have difficulty taking time away from work.'* It has also reduced the non-attenders at the haematology clinic.

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Providing cognitive behavioural therapy as part of the primary care service has meant that patients who have had traumatic experiences can access psychological support swiftly from the nurse in the practice.

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Bournemouth PCT needed to meet NSF targets and appointed a Heart Failure Team who manage a caseload referring for investigation, initiating treatment and co-ordinating services.

Rob.payne@bournemouth-pct.nhs.uk 01202 493730

District nurses are now managing IV therapy in the home. *'It's marvellous not having to spend weeks in hospital unnecessarily!'*

Yvonne.Sawbridge@blt-pct.nhs.uk 01543 410020

The Community Stroke Rehabilitation team in Dartford, Gravesham and Swanley PCT has been set up to allow patients to be moved from an acute hospital bed at the earliest opportunity. Referrals are also accepted directly from GPs so that patients can be managed without acute hospital admission. Patients are cared for either at home or in a community hospital. The team comprises the co-ordinator, allied health professionals, nurses, a care manager, generic rehabilitation assistants and an administrator. The average length of stay in an acute bed has been reduced from 23 to 16 days. The strength of the team is in the interdisciplinary working. The rehab assistants also provide personal care and support for patients to allow for earlier discharge.

Stuart Jeffery 01474 574206 ICTeam@dgs-pct.nhs.uk

Nurses and midwives working with Sure Start identified a shortage of local doctors for a deprived community in Staffordshire. The PCT has supported development of a PMS pilot for a nurse led facility focusing particularly on the needs of children and young families.

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Knowsley PCT has a nurse led service for children with bowel and bladder problems allowing treatment at home rather than in hospital and reducing referrals to mental health teams and secondary care. Improved outcome has led to greater job satisfaction.

Shauna.dixon@sthkhealth.nhs.uk 0151 477 4725

High Peak and Dales PCT had real concerns during the foot and mouth epidemic last year for the health of isolated farming communities. They developed the Public Health Nurse Agricultural Community specialist role to address their needs.

Linda Syson Nibbs 01629 812525

Mendip PCT have used the Changing Workforce Programme 'toolkit for local change' workshop to bring together staff with teachers, social services staff, voluntary and independent sector to look at a range of service issues. As a result front line staff have new services for patients following falls, service signposting for young people and a wealth of new roles for health workers supporting professionals in public health, older people's and children's services.

cheryl.white@doh.gsi.gov.uk 01823 451149

Staff in Knowsley PCT found that people with learning disabilities had particular difficulties accessing cardiac services and started a Learning Disabilities Cardiac Project. This has allowed patients to receive services that they need in appropriate settings.

Shauna.dixon@sthkhealth.nhs.uk 0151 477 4725

Havering PCT have used the community health budgets to train parents to run exercise classes in their local community centre. *'I would feel out of place in the gym, this is much better for me.'* The project has improved self-esteem and confidence and supports the PCT strategy to reduce inequalities and improve health.

Ruth May 01708 465518

Birkenhead and Wallasey PCT developed a one stop clinic for patients with ischaemic heart disease at the local community hospital which is jointly run by nurses, GP with special interests and a health lifestyles co-ordinator, ensuring local availability of services.

Caroline Jones 0151 647 1703

The Diabetes Healthy Active Lifestyle (DHAL) provides an exercise referral scheme for the South Asian population at the Moseley School Health and Fitness Centre in Moseley. After consultation with an exercise tutor, which includes lifestyle advice, patients take part in 11 weekly sessions.

Jamila Hussain 0121 627 8688

Nurses and midwives in the North Sheffield PCT have developed breastfeeding awareness days in the community for school nurses, crèche workers, nurseries, playgrounds and voluntary groups. A breastfeeding training programme in each health centre includes practice nurses, GPs, health visitors, midwives and support staff to develop a breastfeeding support network. Initiation and maintenance of breastfeeding have increased over the last two years.

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Harlow NHS walk-in centre provides a satellite service to meet the needs of young people who raise concerns about sexual health issues, including teenage pregnancy. The walk-in centre have a contract with a GP with a special interest in sexual health who provides a fortnightly service. There is a direct referral pathway to an early dating scan for young people who are pregnant and need diagnostic intervention to advise outcome.

Siobhan.jordan@ne-ha.nthames.nhs.uk

Carole Twells is a Community Heart Nurse in Nottingham. She provides cardiac rehabilitation for people who do not usually take up hospital services. She runs a community group for people who have had heart attacks. They 'walk for health' for 45 minutes every two weeks.

'You don't know what a relief it is to find someone who has been through the same thing'.

'It's built me up so I'm ready to face the world again.'

carole.twells@nottinghamcity-pct.nhs.uk 0115 948 0560

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Valuing generalists

What needs to happen?

- Leadership that supports and encourages flexible working across professional and organisational boundaries
- Focus on the health needs of communities including 24 hour care and the whole patient journey
- Work with the Workforce Development Confederation to set up innovative practice based learning programmes that enable registered nurses and support workers to work across primary and community care
- Integrated workforce planning and development for PCT and GP employed staff
- Question current professional boundaries
- Enable teams to manage their own resources creatively and make their own decisions
- Know how to delegate safely within teams and to know that new roles are likely to improve health
- Ways of measuring improvements in services
- Education and preceptorship programmes are in place to support people in new generalist roles

Examples

Camden PCT and Islington PCT with Middlesex University have developed a workbased BSc programme in Primary Health Nursing for newly qualified nurses so they may acquire competence in all three core functions and support advanced and specialist nurses in first contact, public health and continuing care areas, working across boundaries.

sarah.andrews@camdenpct.nhs.uk 020 7530 3092

Faced with a recruitment problem for specialist community nurses, and recognising the need for a community staff nurse role the Trust and the University of Reading set up a programme 'Introduction to community nursing for registered nurses'. This has increased recruitment, boosted skill mix and the nurses are beginning to work across different teams.

Sandy.Tinson@berkshire.nhs.uk

In North Tyneside trusts have been working alongside Jobseeker Plus agencies to develop a training package for care assistants who will be supported back to work through Jobseeker Plus schemes.

Mark Myerscough Hearts Project 01670 395451

Dartford, Gravesend and Swanley PCT is establishing itself as a 'Virtual Lifelong Learning Centre' which has led to the introduction of generic working across traditional boundaries and roles. A skills escalator approach called the 'step up' model has been developed in partnership with the workforce confederation and local universities. Programmes range from developing generic staff nurses through to integrated chronic disease management by practice/district nurses and First Contact programmes such as Emergency Nurse Practitioners and Advanced Nurse Practitioners. Accreditation for work based learning has now commenced with a masters level module on clinical governance run in-house for GPs/practice managers/nurses, AHPs and health visitors.

Ami.David@dgs-pct.nhs.uk

Saundem@sbu.ac.uk

Lincolnshire SW Teaching PCT has worked with teams of front line staff to find new ways of working. They recognised the need to provide trained but not qualified staff across the services to provide support. This is an opportunity to recruit staff from a wider portion of the local community and offers development in line with the needs of patients.

Sally.savage@lincsSouthWest-pct.nhs.uk 01529 416089

The health and social care communities across Cornwall have recognised the need for consistent and high-quality training to support the skills of staff. They have a shared training department which offers a core induction in basic skills for all staff working in home care, primary and community care. Individuals can add modules to take them through NVQs and on into professional qualification accrediting skills and experience wherever possible.

alan.spinks@cornwall.nhs.uk 01209 888234

'Not just another pair of hands' is a clinical governance project in Sheffield looking at the role of the support worker to nursing teams.

Kath.horner@sheffieldse-pct.nhs.uk 0114 226 2415

South Stoke PCT have developed the role of health care assistants in primary care so the scarce practice nurse resource is better utilised to meet the needs of the patients

sandra.chadwick@southstoke-pct.nhs.uk

At North Stoke PCT health care assistants are trained in phlebotomy and enteral feeding.

Beth Trenchard 01782 817428

Nursing assistants help with peritoneal dialysis, venepuncture, BP monitoring, leg ulcer clinics at Stockport PCT.

Jane Ankrett 0161 419 4886

Advanced and specialist skills

What needs to happen?

- Plan all new roles in partnership with patients and front line staff, including GPs, looking at the whole system and care pathway
- Ensure managers are in place who can support, let go and work creatively with staff in new roles
- Understand the Nursing and Midwifery Council professional code of conduct and provide clear lines of accountability and professional advice
- Know the skills and knowledge needed for the new role
- Support nurses, midwives and health visitors to implement the relevant 10 key roles for nurses, and become nurse prescribers
- Use the opportunities provided by PMS, nurse consultants, Modern Matrons, CNO's 10 key roles and the new GMS contract
- Work with WDCs to provide training programmes to support the new roles
- Provide the postholder with adequate support through clinical supervision, protected time for continuing professional development and leadership development
- Advise and support general practices who are appointing to new roles
- Use the Changing Workforce Programme 'Toolkit for Local Change'
- Develop public health skills in partnership with the PCT Director of Public Health
- Know that the new role is likely to improve health and health care of patients and communities
- Measure improvements in services

Examples

The nurse consultant in intermediate care in Poole PCT leads their award winning intermediate care team. She assesses and admits patients directly to nurse led wards in hospital.

Carol Gareze 01202 710100

North Sheffield PCT is one of many that have supported first contact care by nurses in general practice in areas of high need and low resources.

Susan Coopland 0114 240 1282

In Havering nurse specialists in Parkinson's disease and epilepsy, work between the acute and community sector providing patients with quicker access to specialist services.

Ruth May 01708 465518

The stroke nurse consultant at Sheffield Teaching Hospitals runs clinics, orders investigations and takes referrals for more complex cases. She works with primary care staff on stroke initiatives including a community nurse who reviews all stroke patients at home six months after discharge from hospital.

Amanda.Jones@sth.nhs.uk 0114 226 1141

Liaison health visitors in Leeds Community and Mental Health Trust follow stroke patients through admission, inpatient rehabilitation and into the community for the first year after discharge home. One of the main benefits of the role is being able to deal with new problems that arise after discharge from hospital and prevent re-admission.

Carol Walker 0113 295 1400

A nurse practitioner who is also a prescriber is providing a 'clinic in a box' service to young people in residential care. *'I have been able to issue prescriptions and give health advice which has been valuable to young people who often refuse medical help.'*

Yvonne.Sawbridge@blt-pct.nhs.uk 01543 410020

Staff in Morecombe Bay have been supported by the PCT to develop specialist roles for nurses in Dementia. The new memory assessment clinics provide rapid access to specialist services for patients with suspected cognitive problems.

Colin.dugdale@mbpct.nhs.uk 01524 402600

An 'Action On Dermatology' project in Derby has led to specialist nurse clinics and extra specialist support to primary care staff enabling the trust to provide dermatology services previously only provided in secondary care.

Linda.Elliott@greaterderby-pct.nhs.uk 01332 224000 / 626300

Nurse led genito-urinary medicine clinics have reduced waiting lists for services. A community family planning nurse is able to issue hormonal methods of contraception in the community.

sue.capstick@mbpct.nhs.uk 01524 35933

In Camden PCT and Islington PCT nurse consultants are leading services in sexual health, specialist children's services, continence, palliative care, tissue viability and rehabilitation.

sarah.andrews@camdenpct.nhs.uk 020 7530 3092

One service approach

What needs to happen?

- Bring everyone together who is involved in caring for the particular group or community
- PCT leadership for joint working
- Joint multi-agency teams at different levels to support integrated services on the ground
- Use Health Act flexibilities and initiatives such as Sure Start, Healthy Schools, Intermediate Care to develop mixed teams to meet the needs of vulnerable groups
- Question current professional and organisational boundaries
- Involve local people
- Work with WDCs to provide joint education and training programmes
- Involve front line staff in Local Strategic Partnerships (LSPs)

Examples

The intermediate care team in Brighton PCT prevent admissions and speed up discharge from hospital by offering a range of support to patients in their own home. The roles of nurses, therapists and social workers now overlap giving patients/clients and their carers greater continuity of care.

Juliet Mellish 01273 295 4904

School nurses have led work with teachers, social services, policy leads and parents on drug education in schools in Bradford.

jrichardson@bradford.nhs.uk 01274 321812

South Essex PCT has developed a collaborative care team with social services, allied health professionals and district nurses. Rehabilitation can be at home or in a day unit, and is leading to quicker discharge.

Rose Albon 01702 224662

Joint appointments have been made between hospitals and primary care to provide specialist nursing services for a paediatric diabetic service in Gateshead, hip and knee and chronic obstructive pulmonary disease outreach teams and stroke co-ordinator in Burntwood, Lichfield and Tamworth PCT.

Yvonne.Sawbridge@blt-pct.nhs.uk 01543 410020 julie.bloomfield@ghnt.nhs.uk 0191 403 2968

The Looked After Children specialists are employed by Poole PCT but based with social services. They perform all the assessments for Looked After Children. The time taken and support given is particularly helpful to foster parents.

Carol Gareze 01202 710100

A team led PMS practice in Tipton provides a walk-in-service for patients with a Citizens Advice Bureau worker widening the range of services on offer to patients.

Joanne Davidson 0121 557 0122

The role of NHS Direct and Walk-In-Centres in mental health is being strengthened by the NHS Direct Mental Health Team. Access to local services and voluntary sector helplines has been improved.

Carolyn.Steele@doh.gsi.gov.uk

In Sheffield a pharmacy based service run by pharmacists, nurses and smoking cessation workers is identifying undiagnosed cardio-vascular disease, hypertension and diabetes and providing patients with assessment, support and information.

Rosie.Trainor@sheffieldse-pct.nhs.uk

South Birmingham PCT has a one stop clinic for patients with high blood pressure. They can see the health care assistant, the practice nurse and the GP all at one visit.

Ann Pike 0121 506 6900

In Blackburn, Hyndburn and Ribble Valley NHS Trust midwives have taken on new roles working with the PCT, Local Authority and voluntary sector on initiatives such as Sure Start, drug and alcohol misuse, smoking cessation, domestic violence and preventing teenage pregnancy.

Pauline Quinn 01254 687020

In Wyre Forest PCT a nurse and pharmacist have been piloting joint over-75 health check. They ensure an holistic review of the patients health needs with a focus by the pharmacist on reviewing and advising on medicines management.

Anne.Kingham@wyreforest-pct.nhs.uk

In Broadland PCT a doctor, nurse or pharmacist can conduct chronic disease management reviews. Co-ordination of care has improved for diabetic patients and the nurse is reviewing patients' medicine.

Vivien.Aldridge@bradland-pcg.nhs.uk 01603 307270

Securing better care

Improving the working environment

What needs to happen?

- All nurses, regardless of employer, to be supported to participate in clinical supervision and continuing professional development, to have Personal Development Plans and ready access to professional support and advice
- Give front line staff protected time to reflect on their work, review the evidence and plan new ways of working
- Provide fora for teams to share their experience, achievements and difficulties
- Implement Improving Working Lives and have a recruitment and retention programme in place
- Time to meet in teams to share practice and learn from each other
- Everyone to understand professional accountability and the NMC Code of Conduct
- Review standards of care, examine critical incidents and identify expert and sub-standard care
- A no-blame culture within the organisation
- Support people whose performance causes concerns and to take action to protect the public when necessary
- Measures of activity that provide meaningful information on nursing work and health outcomes
- Provide staff with modern and secure IT to implement *The NHS Plan*

Examples

Eastbourne and Downs like many other PCTs, have protected time to enable primary health care teams to discuss practice developments and clinical issues such as diabetes and asthma.

paul.trevethick@eastbournedownspct.nhs.uk

Havering PCT has a team approach to evidence-based guidelines and standards for use by all the team, including nursery nurses. This helps provide consistent information for users of the service. Clients are involved in the Essence of Care benchmarking and are actively encouraged to be involved with care planning.

Ruth May 01708 465518

Milton Keynes PCT has a peripatetic practice nursing team, which supports protected time for practice nurses and supports nursing teams during the 'flu campaign. This has enabled practice nurses to be active participants in PCT planning and steering groups, to lead on clinical areas of work and to ensure they have a voice at all levels of the PCT.

Linda.Taylor@mkc-tr.anglo.nhs.uk 01908 217121

In Cheshire West PCT the clinical governance strategy reinforces clinical supervision, evidence-based practice and the need to develop research and development. To support this personal development plans are linked to training and development plans, tested by staff surveys. All staff have been involved in workshops to look at appraisal. As a result they have recognised the need for all community nurses to have desktop access to the Internet.

Sheila.Dilks 01244 364830

In Chester the homeless nurse specialist set up a multiprofessional critical review system that has led to service improvements and better communication.

Elizabeth.Powell@sthkhealth.nhs.uk

In Dartford, Gravesend and Swanley PCT practice nurses can access clinical supervision and are reimbursed for clinical supervision.

Gillie.Lewis@dgs-pct.nhs.uk

Lancaster and Easington PCTs decided to invest in the training of the nursing workforce in primary care to enable the nurses to care better for patients with ischaemic heart disease and to meet the requirements of the NSF. As a result they have developed significantly better reductions in mortality in the last two years.

judithshepherd@mbpct.nhs.uk ronnie.burlinson@easington-pcg.durham-ha.northy.nhs.uk

In Cheshire West PCT all community nurses have desktop access to the internet and all staff have personal development reviews which are then linked to training and development plans. The system is tested by staff surveys.

Sheila.Dilks 01244 364830

In Hillingdon PCT community nurses are piloting shared IT clinical systems with GPs using the EMIS system.

Jan.Pearcey@hillingdon.nhs.uk

Greater freedom

What needs to happen?

- Managers and leaders to let go and devolve decision making and resources to staff on the ground
- Empower people to try things out and take risks within a 'no-blame' culture
- Find and support people with the enthusiasm and energy to make things happen
- Make clear the priorities and strategic framework for the organisation and its population within which innovation needs to take place
- Provide practical help for networking (IT, travel)
- Give all staff time to think creatively, reflect and learn
- Open doors and empower others who may not have the same opportunities such as black and ethnic minority nurses
- Front line teams with the skills to manage human and financial resources creatively
- Access to a wider network of best practice, innovation and evidence
- A structure that supports innovation, understands risks and helps people to think through the wider implications
- Multiprofessional teams and networks that reflect health needs and the patient journey
- Provide access to expertise, advice and networks to think through their ideas
- Publicise innovation for the benefit of others

Examples

Milton Keynes PCT has set aside protected time for Primary Health Care Teams to meet and develop projects addressing NSFs. A bottom-up approach has allowed health visitors and school nurses to develop corporate caseloads with individuals taking lead roles in their areas of expertise. It has *'made you look at what you are offering and when.'* *'More critical of what we do – more consumer orientated.'* *'Initiatives now related to national and local public health agenda.'*

Jenny.Hugman@mkc-tr.anglo.nhs.uk 01908 230525

In Dartford, Gravesend and Swanley PCT an annual award scheme has been set up to support nurses who wish to lead a project that brings positive change to patient care.

Stuart Jeffrey 01474 564333

PCTs have stressed the importance of communication with staff as a means of empowering and engaging them in change. This is achieved by regular meetings in uni- or multidisciplinary formats, through the development of professional leads or heads acting as communication bridges. As a result PCT staff are now able to feed up the managerial line to make things happen.

Durham Dales PCT Andrea Jones 01388 458835

In Bolton PCT, school nurses have used a School Nursing Profiling Tool which has given them greater freedom. One of the nurses said *'The new strategy has allowed me more time to work with children and their families to better understand and address their health issues. The freedom gained from relinquishing non-essential routine activities enables me to work in multi-agency partnerships to address the public health needs of communities.'*

brenda.griffiths@bolton.nhs.uk 01204 874562

In Wolverhampton the Community Budget was devolved to front line staff who decided what to spend it on. Their projects included:

- Health visitors setting up a project to improve the development of young children living in hostel accommodation and ran parenting support, smoking cessation and postnatal depression groups
- Community psychiatric nurses setting up a support group with adult survivors of childhood sexual trauma
- Sexual health promotion specialist nurses working with African Caribbean barbers to disseminate sexual health literature and condoms in the Barber Shops to groups of men who are traditionally difficult to reach.

Jeanette Wilding 01902 444306

At Newcastle NHS walk-in centre the nurses received training from the A&E consultant including radiology and orthopaedics. Nurses work with a high level of competence and there is professional confidence in their assessment if onward referral is required.

Barbara.Healey@nutc.northy.nhs.uk

Kingstanding and Perrybarr PMS is a group of practices that have created greater freedom for nurses to develop their generic nursing skills and work across practices.

Isabelle.Thompson@northbirminghampct.nhs.uk

The Modernisation Agency is there to help you deliver *The NHS Plan*. You can access the different strands of the agency through the website:
www.modernnhs.nhs.uk

Effective leadership

What needs to happen?

- Act on good ideas that meet the needs of local people and that are based on best available evidence
- A senior experienced lead nurse to provide clinical and professional leadership to front line nurses, midwives and health visitors
- Corporate leadership for nursing and not rely on the lead nurse alone
- See a leadership role for everyone wherever they work
- Encourage nurses to be part of clinical leadership on the Professional Executive Committee
- Identify, nurture and encourage potential leaders and champions through leadership programmes ensuring access to black and minority ethnic groups
- Time to think and plan the future of nursing in the PCT
- Networks and fora that bring together staff across the wider health and social care community

Examples

Poole PCT has run a year long transformational nurse leadership courses (LEO) based on their integrated teams.

Carol Gareze 01202 710100

Gateshead PCT have involved staff in the development of the IT system so that it can be used to reflect the role of staff in the community.

Pat.liston@ghpct.nhs.uk

Bolton PCT as been strengthening the public health role of nurses. One staff member commented *'the opportunities offered to me from developments in the trust to take a leadership role have developed my skills, confidence, knowledge and ability to lead new ways of working, and enables me to contribute to the developments of PCT policies – from the strength of a front line practitioner in touch with practice staff needs and views.'* For the PCT developing leaders from within front line staff has meant that achieving change has been easier. Staff have risen to the challenge and moved agendas along as a result.

Deborah.harkins@bolton.nhs.uk 01204 907713

Locality away days have helped staff identify public health approaches to practice alongside and developed change activists roles in health visiting and school nursing. *'Working as a change activist has given me new opportunities and greater job satisfaction.'*

Lyn.Dixon@northtyneside-pct.nhs.uk 0191 219 6000

Milton Keynes have an in-house practice development strategy focusing on developing transformational leadership in some nursing teams to deliver evidence-based and patient-centred care.

'This is the best thing I've ever taken part in'.

jan.dewing@mkc-tr.anglo.nhs.uk 01908 376415

Bradford holds a bimonthly practitioners forum to discuss policy, share good practice and lead practice development. Staff have said *'We feel much more included within the PCT now. We have a huge agenda but are being given the opportunity to lead and become really involved in developing our practice.'*

jrichardson@bradford.nhs.uk 01274 321812

South Birmingham PCT have developed a lead nurse for an integrated nursing team incorporating practice nurses and district nurses. Patients in a nursing home served by the practice are seeing the benefits.

Sue Rideout 0121 427 5246

In Dartford, Gravesend and Swanley PCT front line nurses are seconded in to work with the Clinical Leadership Team on specific projects thus giving them an opportunity to gain insight and work towards a corporate PCT agenda.

Ami.David@dgs-pct.nhs.uk

In Dartford, Gravesend and Swanley PCT two Modern Matrons have been appointed in the Community Hospital working under the guidance of a Nurse Consultant in Intermediate Care. The team have trained health care assistants to undertake generic roles working within a multidisciplinary team offering rehabilitation.

Ami.David@dgs-pct.nhs.uk

4. Delivering *The NHS Plan* for the public, the PCT and nurses

Public expectations of the health service will continue to rise and PCTs will have to show that they are delivering improvements in health and health services. Below are some examples from the Planning and Priorities Framework 2003-2006 that PCTs and primary care staff will have to deliver. It demonstrates how nursing, midwifery and health visiting can help deliver these NHS Plan priorities for their patients/clients and for the PCT. The list is not exhaustive and will change over time but it illustrates the important role nurses must play.

As members of the public

If I am worried about my health I need to be able to talk to someone

As the PCT Chief Executive

We need to integrate emergency care services across primary care and the local hospital

As nurses in primary care, with training and support, we can ...

- Help people make the best of services through advice and information
- Support patients to use self-care
- Provide telephone or face to face advice and information to patients
- Manage minor illnesses and injuries in primary care settings instead of A&E Departments
- Raise awareness in the community of how to use health services appropriately

I don't want to wait for my operation or to see my GP

I need to meet the waiting and access targets and introduce greater choice for the public

- Provide first contact care in general practice, walk-in centres and out of hours settings
- Extend our roles to support GPs more
- Support patients to care for themselves and to use the health service appropriately
- Facilitate earlier and smoother discharge from hospital

As members of the public

As the PCT Chief Executive

As nurses in primary care, with training and support, we can ...

I want to be cared for nearer to my home

I need to increase the range of services we provide in community settings

- Provide more care to people in their own homes
- Give specialist secondary care in the community and improve outcomes for people with conditions such as heart failure, respiratory disease and diabetes
- Deliver preventive programme that reduce people's need for health services
- Extend our roles to enable GPs to develop their special interests
- Care for people who choose to die at home

I'm afraid of having cancer

We're implementing the Cancer Plan

- Raise awareness among the population of signs and symptoms of cancer
- Deliver preventive programmes and improve uptake particularly amongst hard to reach groups in the community
- Deliver chemotherapy programmes in the community
- Provide psychological support to patients receiving treatment
- Contribute to clinical networks

As older people we want to see better care being provided for us

We still have a lot to do to implement the NSF for older people

- Prevent admission and enable earlier discharge by nursing people in their own homes
- Begin the single assessment process providing information that will help recovery and discharge
- Run health promotion programmes such as reducing falls in older people
- Work with pharmacists to help patients get the best from their medicines
- Reduce readmission rates by being involved in discharge planning

We have all had heart attacks and we need more support now we are at home

I also need to make sure we are delivering the NSF for Coronary Heart Disease

- Deliver preventive programmes on exercise, nutrition, obesity and smoking cessation to schools and communities
- Improve access to cardiac rehabilitation by providing it in the community
- Run secondary prevention clinics
- Enter information onto patient record about blood pressure from routine and opportunistic contacts
- Run groups for patients that build greater support and self-confidence

As members of the public

As the PCT Chief Executive

As nurses in primary care, with training and support, we can ...

My wife gets very depressed and I don't know where to go for help

We mustn't forget the Mental Health NSF

- Work as part of the mental health team to give short term interventions, longer term support and suggest coping strategies
- Build social support and promote the use of community and voluntary resources
- Assess, refer, treat, co-ordinate care and provide link between primary and secondary care
- Detect dementia amongst older people earlier and support to Residential and Nursing Homes

We've been told that if you live here your baby is twice as likely to die before it gets to 1 year old – that doesn't feel fair

Meeting the inequalities targets is key to improving the health of our population

and I know that many of the effective interventions are delivered by nurses, midwives and health visitors

- Use our knowledge of the local community to identify and target those with greatest health care needs and least access to services
- Deliver services to hard to reach groups through home visiting and community based work
- Targeted health prevention programmes such as smoking cessation, breastfeeding and reducing teenage pregnancies
- Take forward work with other agencies to find solutions and bring in resources for health

I have diabetes and I want to know how I can look after myself

And another NSF

- Deliver targeted screening programmes
- Work with patients on the management and coordination of their care
- Encourage patient education and self-care
- Organise and manage annual reviews using models from other NSFs

We have a lot to say about the care we receive

We need to make sure we improve the patient experience

- Use our local networks to involve marginalised groups
- Support 'expert' patient programmes
- Implement *Essence of Care* benchmarks to improve care
- Actively involve patients and carers in their own care

5.

Where to go for help

The Modernisation Agency

The Modernisation Agency has been created to help local staff across the service make radical and sustainable changes. You can access the different strands of the Agency through the website at:

www.modern.nhs.uk

The programmes that are most relevant to this guide are:

The Changing Workforce Programme

Of particular help in extending and developing new roles is the Changing Workforce Programme that has a database of new and extended roles and a wealth of experience of how to implement them from over 17 national pilots. A toolkit is available to help you work with front line staff to develop new roles to address service problems.

Workforce Matters is a good practice guide to workforce redesign in primary care

www.modern.nhs.uk/cwp

The National Primary and Care Trust Development Programme (NatPaCT)

The team helps PCTs with organisational development and their website includes PCT competencies for nursing, midwifery and health visiting.

www.natpact.nhs.uk

The Nursing Leadership Centre

Part of the Leadership Centre it runs a range of leadership programmes for nurses, midwives and health visitors many of which are relevant to PCTs.

They have also produced a publication *Getting on Against the Odds – how black and ethnic minority nurses can progress into leadership*.

www.nursingleadership.co.uk

Improvement Leaders Guides

These provide information on process mapping, analysis and service redesign and can be downloaded from the leadership section of the Modernisation Agency website at:

www.modern.nhs.uk or contact 020 8867 3297

The National Primary Care Development Team

The National Primary Care Development Team is helping to develop innovative roles to address access and service improvement issues for patients.

www.npdt.org.uk

National Clinical Governance Support Team

The NHS Clinical Governance Support Team (CGST) runs a series of programmes to support the implementation of clinical governance 'on the ground'.

www.doh.gov.uk/clinicalgovernance/cgst

Other sources of help

National Service Frameworks

Best practice: a practical aid to implementing NSFs in primary care

www.doh.gov.uk/pricare/nsfbestpractice

NHS Confederation

www.nhsconfed.org.uk

Personal Medical Services (PMS) pilots

For information on PMS Roles and Responsibilities and how to submit a proposal.

www.doh.gov.uk/pricare/pms

Workforce Planning

The Primary Care Workforce Planning Framework promotes new ways of working and signposts PCTs to other sources of advice.

www.doh.gov.uk/pricare or www.natpact.nhs.uk

Recruitment and Retention

The database contains examples of innovation throughout the NHS and covers all aspects of R&R, including: *Improving Working Lives, Return to Practice, the National Recruitment Campaigns, Zero Tolerance, Flexible Retirement and International Recruitment.*

www.doh.gov.uk/iwl

Nurse Prescribing

A website with all you need to know about nurse prescribing.

www.doh.gov.uk/nurseprescribing

Learning Disabilities

This is a general Department of Health website on improving support for people with learning disabilities.

www.doh.gov.uk/learningdisabilities

Essence of Care

Provides best practice benchmarks on aspects of care that are central to the quality of the patient experience.

www.doh.gov.uk/essenceofcare

Innovation in Health Visiting and School Nursing

The Health Visitor and School Nurse Innovations Network helps local practitioners share their experiences and learn from each other.

www.innovate.hda-online.org.uk

Health Visitor and School Nurse Practice Development Resource Packs

www.innovate.hda-online.org.uk

Community Budgets

Primary Care Organisations were required to set up budgets which could be accessed and managed directly by teams of community practitioners. For further details – see CNO website at:

www.doh.gov.uk/cno/letters

Patient and Public Involvement

For information on the new system to involve and support patients and the public.

www.doh.gov.uk/involvingpatients

National Institute for Clinical Excellence (NICE)

This site contains details on the Institute, its ongoing work programmes, the methodology and processes it uses, the guidance it has issued to date, copies of all press releases and the minutes and papers from its board meetings.

www.nice.org.uk

Commission for Health Improvement

The Commission for Health Improvement's aim is to improve the quality of patient care in the NHS.

www.chi.nhs.uk

Health Development Agency

www.hda-online.org.uk

Health Action Zones

www.haznet.org.uk

RCN Leadership Programmes

www.rcn.org.uk

National Institute for Mental Health in England

Aims to improve the quality of life for people of all ages who experience mental distress. Development centres and national programmes support staff and help resolve local challenges in developing services. Works beyond the NHS.

www.nimhe.org.uk

The Community Practitioners and Health Visitors Association

Built upon the LEO programme and provides leadership programmes in public health practice.

Sarah.Forester@amicus-m.org.uk

Local Government Association

For examples of local authority work

www.lga.org.uk and www.idea.gov.uk

Sources of information on Government policy

The NHS Plan

www.doh.gov.uk/nhsplan

Delivering the NHS Plan

www.doh.gov.uk/deliveringthenhsplan

Making a Difference

www.doh.gov.uk/nurstrat

Chief Nursing Officer's website

www.doh.gov.uk/cno

Chief Medical Officer's website

www.doh.gov.uk/cmo

Mental Health NSF

www.doh.gov.uk/nsf/mentalhealth

Older People NSF

www.doh.gov.uk/nsf/olderpeople

Coronary Heart Disease NSF

www.doh.gov.uk/nsf/coronary

Cancer Plan

<http://www.doh.gov.uk/cancer/cancerplan.htm>

Children

www.doh.gov.uk/nsf/children

Diabetes

www.doh.gov.uk/nsf/diabetes

Tackling Inequalities: the results of the consultation exercise

www.doh.gov.uk/healthinequalities

Getting Ahead of the Curve. The Government Strategy for Health Protection website

www.doh.gov.uk/cmo/idstrategy

Extending Choice for Patients

www.doh.gov.uk/extendingchoice

Agenda for Change

www.doh.gov.uk/agendaforchange

