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The bulletin's aim is to address matters related to the organisation and delivery of AHP services, and includes items of direct interest to AHP staff.

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Other Department of Health bulletins covering a wide range of topics of interest to NHS staff are also available. They include the **Chief Executive Bulletin**, **Chief Medical Directors' Bulletin** and the **Chief Nursing Officer's Bulletin**. They can be found at [www.doh.gov.uk/publications/bulletins.htm](http://www.doh.gov.uk/publications/bulletins.htm)

## TOP NEWS

### Choice, responsiveness and equity consultation

**All AHPs are invited to contribute to a national debate on the future development of patient choice, responsiveness and equity in the NHS and social care.**

This will help to shape national policy and pave the way to more responsive services as a means to improving the patient experience.

AHPs working closest to patients will have a unique insight into the way services should respond to patient needs. And their views and ideas will have a strong bearing on the eventual outcome of the consultation to be carried out over the next two months.

The Department of Health wants all health professionals, as well as patients, carers and other service users, to consider these key questions:

- what choices do patients/carers/users want
- what information and support would patients/users/carers need to exercise these choices
- what changes in the system or how people work or communicate would be needed to create these choices and make health and social care more responsive
- how could these choices be made fair to all?

The department has set up eight task groups to look at patient choice, responsiveness and equity in relation to specific services. These cover primary care, mental health, emergency care, planned care, older people's services, children's health,

maternity care and people with continuing or long-term conditions.

Task groups are being asked to deliver radical proposals on how the NHS can empower patients and ensure that they are put at the centre of health care.

In parallel with national consultation, there will be local consultation and events led by strategic health authorities. Patient and professional organisations, the voluntary and independent sectors and other stakeholders have also been invited to encourage debate among their members and networks and contribute ideas and research. The public, patients, users and carers can also directly contribute their ideas and views via the consultation website.

The consultation runs until 11 November but engagement will be ongoing. A document will be published before the end of the year summarising the views expressed and setting out how future policy will be shaped.

Full details and how you can have your say are at [www.doh.gov.uk/choiceconsultation](http://www.doh.gov.uk/choiceconsultation)

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### This month chief health professions officer Kay East talks about the consultation on patient choice and the children's Green Paper.

I know that many of you receive questions and queries about the treatment that your patients are having and that it is not unusual for you to be asked to explain what is happening to them in an unfamiliar hospital environment.

As partners in the care of patients you are ideally placed to comment on how the NHS can become more responsive to individuals. A new consultation paper on choice, responsiveness and equity is about these important issues and I hope that you will take the opportunity to read and comment on the document which can be found at

[www.doh.gov.uk/choiceconsultation/](http://www.doh.gov.uk/choiceconsultation/)

The whole choice agenda raises questions for practitioners. We need

to be offering real choice to our patients and taking time to discuss options with them. I know that this is happening in many services but we all need to be questioning ourselves and reflecting on how we are working in partnership with our patients to make sure that their experience of health care is a positive one.

The other document currently out for consultation is *Every Child Matters*, the children's Green Paper. The services it covers are critical to those practitioners who work with children and I urge you to make your comments on a document which will affect the future delivery of children's services across all organisations. You can find it at

[www.dfes.gov.uk/everychildmatters/](http://www.dfes.gov.uk/everychildmatters/)

The departmental change programme continues to move forward, addressing the changes needed to ensure that we are working in a more effective way to provide a better service for ministers and the public. If you wish to know more about it visit

[www.doh.gov.uk/about/changeprogramme.htm](http://www.doh.gov.uk/about/changeprogramme.htm)

I will keep you up to date with the changes as they affect the representation of AHPs in the Department of Health in future bulletins.

Don't forget, the AHP Team is always pleased to hear your views.

Our feedback address is [AHP-Branch@doh.gsi.gov.uk](mailto:AHP-Branch@doh.gsi.gov.uk)

## TOP NEWS ...continued

### New communications officer

**The latest recruit to the Department of Health's AHP branch is relishing the challenge of keeping the professions' work in the national spotlight.**

New communications officer Rebecca Taylor will provide valuable support to both the chief health professions officer Kay East and chief scientific officer Sue Hill by promoting the work of AHPs and health scientists working across the NHS.

Her appointment comes at a time when the national profile of AHPs has rarely been higher, following the formation of the 10 key roles framework.

The latest NHS workforce figures released by the Department of Health also showed that an extra 1,000

AHPs were recruited in the period between September 2002 and March 2003.

Rebecca, a graduate of King's College, London, brings a wide range of public relations skills and experience to the post.

"The circulation of the AHP bulletin has increased to 3,000 and I am keen to build on this success. I also want to boost the profile of AHPs by developing the chief health professions officer website, organising key national events and through good press coverage," she added.

"I am very excited to be joining the AHP branch at such an interesting time. I'll be working across the Department of Health, with our network advisors and key AHP leads across the country.

"I also look forward to spending time visiting a range of AHP teams to see what happens at ground level so that I'm in touch with key issues and good practice out in the field."

If you have any comments/ideas about improving communications for AHPs e-mail Rebecca at [ahp-branch@doh.gsi.gov.uk](mailto:ahp-branch@doh.gsi.gov.uk)

### Every Child Matters

**Plans to radically reform children's services to protect children from neglect and harm have been launched.**

The Green Paper *Every Child Matters* forms part of the Government's response to the Laming Inquiry into the death of eight-year-old Victoria Climbié.

AHPs are being urged to respond to a consultation on the measures set out in the paper.

The paper's key themes are integration of services, clearer accountability and shifting the balance towards prevention. It establishes a clear framework of

accountability with services integrated under new local directors of children's services with a national children's commissioner being appointed to act as an independent champion for children.

Health professions officer Karen Dinsdale said: "This Green Paper puts the child at the centre of everything and poses a range of challenges and opportunities for AHPs who work in children's services.

"It will involve a lot more cross-

organisational and cross-professional working, some of which is already happening.

"Through this bulletin I have been highlighting good case studies of where some of the recommendations set out in the paper are already happening. We must share and use this good practice, which demonstrates significant evidence of therapists putting children at the centre of services.

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"The thing to remember is that *Every Child Matters* is a paper for consultation. AHPs need to respond either individually to this or by holding a team meeting to come up with a team view to submit.

"It is very important that AHPs who work at the frontline of children's services have their say to also help raise the profile of AHPs in this field."

Recommendations also include common core training for all who work with children and better information sharing between different organisations and professional groups.

The consultation closes on 1 December.

*Every Child Matters* is at [www.dfes.gov.uk/everychildmatters](http://www.dfes.gov.uk/everychildmatters)

The NSF is at [www.doh.gov.uk/nsf/children/index.htm](http://www.doh.gov.uk/nsf/children/index.htm)

● A new report by the Audit Commission has identified examples of good and innovative practice but says improvements are needed to ensure a consistent range of children's services is available across the country. More at [www.audit-commission.gov.uk](http://www.audit-commission.gov.uk)

## Addressing key issues through role redesign

**A successful pilot project experimenting with new ways of AHP working has been hailed as an example for others to follow.**

Salford in Greater Manchester hosts one of 16 Changing Workforce Programme (CWP) sites nationwide, run by the NHS Modernisation Agency.

The CWP addresses key issues such as staff shortages and job satisfaction by redesigning the roles of staff.

Successful examples in Salford include the development of a consultant allied health professional who leads a foot health team and an education health worker, who delivers the care plans of a range of therapists to children in the classroom.

Development of new roles is now being expanded to include new ways of working in anaesthesia, radiography and intermediate care and also for medical secretaries.

National CWP advisers praised the Salford team's work adding that the programme was a useful model for health and social care teams wanting to develop roles locally,

including the 10 key roles for AHPs.

CWP workforce designer Mary Moore said: "CWP will continue to support role redesign and respond to workforce issues nationally."

However, there has been a gradual shift within Salford to take the lead locally in mainstreaming new roles. The national board is now devolving responsibilities to the local workforce modernisation board.

"Salford has demonstrated an ability to embrace role redesign by recognising how it can have a beneficial impact on the workings of the whole system," said Mary.

"CWP will share this knowledge in the coming months and continue to report on the benefits to patients and staff of the new roles being increasingly developed and tested in Salford."

For more information about the Salford CWP contact [carys.kinsella@srht.nhs.uk](mailto:carys.kinsella@srht.nhs.uk)

More on CWP at [www.modern.nhs.uk/cwp](http://www.modern.nhs.uk/cwp)

## Falls prevention

**Strategies led by AHPs are helping to cut the number of falls among older people.**

Dieticians and occupational therapists (OTs) in Hammersmith and Fulham, a lead physiotherapist and podiatry service in Portsmouth, and a specialist OT in Bradford have all been highlighted in a new guide.

*How can we help older people not fall again? Implementing the Older People's NSF Falls Standard: Support for Commissioning good services* focuses on what is known about preventing serious falls and reducing their impact on older people, carers and local services.

Falls are a major cause of disability and leading cause of deaths due to injury in older people aged over 75 in the UK, while serious falls can lead to admission to hospital and long-term care.

Other consequences of suffering a serious fall include injuries, psychological problems (for example, a fear of falling), loss of confidence, a loss of mobility leading to social isolation

and depression and increased dependency on others.

More than 400,000 older people attend A&E departments in England every year after suffering a fall.

The NSF sets out the changes needed to reduce falls by outlining the need for public health strategies for those most at risk, as well as effective prevention and treatment of osteoporosis.

The latest guidance includes ways to reduce the risk of falls and how best to cope with the impact of falls on local resources.

Liz Haggard, an independent consultant instrumental in helping to develop the 10 key roles for AHPs, said: "AHPs should be taking the lead in falls prevention thinking in their services. They need to take an active role in designing falls services and, wherever possible, teaching others to help older people reduce the risk of falling and recover from the impact of a fall."

The NSF also highlights evidence suggesting that the number of falls can be reduced by up to a third if local health and social care communities work together effectively.

By next April, all local health plans developed between local authorities and independent sector partners should include an integrated falls service. These services should be in place by April 2005.

The document is at [www.doh.gov.uk/nsf/olderpeople/news.htm](http://www.doh.gov.uk/nsf/olderpeople/news.htm)

Specific examples of falls strategies are at [www.doh.gov.uk/nsf/olderpeople/olderfalls.htm](http://www.doh.gov.uk/nsf/olderpeople/olderfalls.htm)

Help the Aged has also launched its Preventing Falls campaign, highlighting that falls are not an inevitable part of the ageing process but can often be prevented by following simple guidelines.

Campaign details are at [www.helptheaged.org.uk/AdviceInfo/Slips+trips.htm](http://www.helptheaged.org.uk/AdviceInfo/Slips+trips.htm)

## Therapy expertise shared with Russian SLTs

**AHPs' team-working expertise has successfully helped Russian speech and language therapists (SLTs) develop their own services.**

Two London-based SLTs who first visited Russia in 2001 are now planning to help spread to Moscow the new ideas they have introduced.

Consultant neurologist Dr Pauline Monro first started organising exchanges through the Anglo-Russian Partnership in 1995.

The aim was to highlight multidisciplinary working and, in particular, the involvement of health professionals, including AHPs, in managing adults with neurological disorders.

Liz Clark, senior SLT at The Royal London Hospital, and Anne Whateley, deputy chief executive of the Royal College of Speech and Language Therapists, visited St Petersburg where they saw the limitations placed on local staff.

"AHP staff such as physiotherapists worked very much in isolation and there was no real concept of multidisciplinary working within health care," said Liz.

In December 2002, Russian SLTs Olga Zytchkova and Tatyana Khotyakova visited London for further training in managing adults with swallowing and communication problems caused by strokes.

Liz said: "It has been a very rewarding project and both ourselves and our Russian colleagues have learnt a great deal.

"Through the partnership our Russian friends have been able to help develop their services, such as setting up multidisciplinary rehabilitation centres."

News of the work in St Petersburg has spread to the capital and it is intended to include Moscow in a return visit next year.

Barts and the London NHS Trust is now also allowing SLTs to request x-rays without first having to obtain a medical team's request.

Under the new service – one of the first of its kind in the country – SLTs can request videofluoroscopies. A weekly clinic is run by a senior SLT and cuts delays to patient treatment.

Also physiotherapy staff, working with patients who have musculoskeletal problems, will soon be able to obtain x-rays to help

prevent patients undergoing unnecessary treatment. This will save time for both patients and physios and will be vital if there are any concerns about the use of respiratory equipment.

More information is at [www.bartsandthelondon.org.uk](http://www.bartsandthelondon.org.uk) or by calling Juliet Concanon or Suzanne Marsello on 0207 377 7177

## HAVE YOUR SAY

The Allied Health Professions Branch in the Department of Health welcomes feedback on any aspect of the information that we have included in the Bulletin.

E-mail [ahp-branch@doh.gsi.gov.uk](mailto:ahp-branch@doh.gsi.gov.uk) or write to AHP Branch, Wellington House, 135-155 Waterloo Road, London SE1 8UG.

## Speech and language therapy case studies

**Two primary care trusts are putting patient needs at the forefront of modernising their speech and language therapy services for children.**

### Southern Derbyshire

A children's speech and language therapy team has redesigned its service to suit the needs of children and their families.

Therapists now visit children in schools or at home and this enhanced client-friendly service has also eased recruitment and retention problems by increasing job satisfaction and reducing stress.

The Southern Derbyshire speech and language therapy service has dramatically cut its waiting times for therapy input from up to one year in 1998 to just 12 weeks in most parts of the service.

Health professions adviser Karen Dinsdale, at the Department of Health, described it as an "excellent example of what the children's Green Paper is asking of the NHS".

During the summer term of 1998 all children with speech and language therapy on their statements of Special Educational Needs (SEN) were reviewed. About 65 per cent were discharged from the active caseload as they did not require direct therapy. This cut the service caseload but did not tackle the root problem of large numbers of children being referred to the service who did not have specific communication difficulties.

Three years ago, therapists in isolated clinics merged into larger groups. A central register was created to streamline administration and free up therapists' time.

Therapists also changed their working practices. Instead of taking a child out of school and seeing them one-to-one in clinics, therapists now go to schools and homes, integrating the children's therapy into their education and care.

Lorrie McCuaig, of Southern Derbyshire speech and language therapy children's services, hosted by Amber Valley Primary Care Trust, said: "When we brought in the changes the majority of the therapists embraced them.

"Most are pleased that the children in their care are getting a good quality service and that their caseloads, though complex, are becoming more manageable in size. The job is also much more satisfying for the therapists."

Contact: [lorrie.mccuaig@ambervalley-pct.nhs.uk](mailto:lorrie.mccuaig@ambervalley-pct.nhs.uk)

### Kensington and Chelsea

Two years ago, waiting times for speech and language therapy were in excess of a year and there were inequalities in services across the Kensington and Chelsea PCT area.

There was a high failure-to-attend rate and the initial assessment of children was being carried out in a community clinic rather than in the child's school environment.

A pilot school-based initiative was launched and has now secured extra funding to roll out the programme to all mainstream schools.

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As a result of this work, the service has been approached by ICAN, a leading national charity in this field, to develop a flagship centre for excellence targeted at pre-school children. The project will involve setting up a joint service between education and health, comprising a speech and language therapist and a support teacher.

The PCT is particularly keen to develop SLT services further and

works with a Speech and Language Therapy Forum, made up of senior health and education partners across the area. Issues identified by the forum are then discussed and resolved at professional executive committee, board and senior management level.

The new investment in SLT will have a significant impact on waiting times for SLT services and lead to better outcomes for local children.

Department of Health AHP adviser Karen Dinsdale said: "This is an excellent example of how therapists have grasped the opportunity to influence managers and service planners to modernise SLT services. They have also been actively involved across the full range of multidisciplinary forums. So they've made the right connections with the right people, secured extra funding and are developing a service much needed in that area."

## NEWS IN BRIEF

### Integrated training initiative for radiologists

The current shortage of trained radiologists in the NHS is being addressed with the announcement of three new training centres.

The Department of Health and Royal College of Radiologists (RCR) have chosen three hospitals – in Norwich, Leeds and Plymouth – to run the new integrated training initiative.

This divides training time between the existing apprenticeship system and new electronically-linked radiology academies providing online learning, increasing training capacity without affecting patient care.

RCR education lead Professor Adrian Dixon said: "This is an exciting and innovative initiative that will boost the development of additional specialist registrars."

The sites will be in operation by autumn 2005.

More information at [www.rcr.ac.uk](http://www.rcr.ac.uk)

### Children's centres

Local authorities are preparing plans to set up children's centres across England which means AHPs will need to work closely with other early years' professionals in education, family support and childcare.

The centres will aim to serve children and families in disadvantaged areas – giving parents-to-be and families with young children better access to help and advice about health.

The knowledge and expertise of

AHPs will be key to the success of the centres. Health workers and service managers need to be involved in the planning process to make sure they build effectively on existing services. Health services available from children centres could include antenatal advice and support for parents, information and guidance on breast-feeding, hygiene, nutrition and safety and identification, support and care for those suffering from antenatal and post-natal depression as well as specialist support and smoking cessation.

This programme of centres is based on lessons learned from existing initiatives, including Early Excellence Centres and local Sure Start programmes. Children's centres will provide integrated care and education for young children, health services, family support and a base for childminders.

Local authorities are involving PCTs in their children's centre planning at a strategic level.

More at [www.surestart.gov.uk/surestartservices/childrenscentres/](http://www.surestart.gov.uk/surestartservices/childrenscentres/)

### Talking Point website launch

A new website has been launched for professionals, parents and carers of children with speech and language difficulties by the charities I.CAN and Afasic, along with the Royal College of Speech and Language Therapists.

Talking Point features a range of news, information and resources

for professionals such as teachers or speech and language therapists, or a concerned parent who needs to know more about what help there is available.

There is a section on frequently asked questions, a resource directory and glossary of terms, latest news and a 'get involved' section to help share ideas and experiences.

The website will help support the one million children in the UK who struggle to communicate.

Health professions advisor Karen Dinsdale said: "This website is an excellent source of information for professionals working with children with speech and language difficulties.

"I would urge AHPs to use this very useful site themselves but also for them to point parents, carers and teachers to it."

Every month professionals who are registered on the site can have the chance to win £100 worth of speech and language therapy publications.

The website is at [www.talkingpoint.org.uk](http://www.talkingpoint.org.uk)

### Useful websites

[www.doh.gov.uk/chpo/index.htm](http://www.doh.gov.uk/chpo/index.htm)

[www.doh.gov.uk/choiceconsultation](http://www.doh.gov.uk/choiceconsultation)

[www.modern.nhs.uk/cwp](http://www.modern.nhs.uk/cwp)

[www.dfes.gov.uk/everychildmatters](http://www.dfes.gov.uk/everychildmatters)

## Firm foundations

Millions of pounds are being spent on improving NHS buildings and equipment, bringing huge benefits for patients.

A new report shows that £21 billion is being invested on improving the infrastructure of the NHS. New hospitals, NHS walk-in centres, refurbished wards, affordable housing for NHS staff and state-of-the-art equipment have all been delivered over the last six years.

The report A new generation of healthcare facilities – Modernising the Fabric of the NHS is the most comprehensive assessment of the NHS estate ever compiled.

It shows that £120 million has been invested since 2001 to modernise or replace Nightingale wards for older people. More than 400 wards have benefited so far and, by next April, over 600 wards will have been updated or replaced.

A further £329m has been allocated to 30 schemes to replace unsuitable mental health accommodation and more than 200 maternity units have been refurbished. By 2004, up to 3,000 new GP premises will also have been refurbished.

The NHS's equipment stock is also being expanded and updated.

More at [www.nhsestates.gov.uk](http://www.nhsestates.gov.uk)

## Effective discharges

Progress is being made to cut the number of patients whose discharge from hospital is delayed, a parliamentary report has found.

The House of Commons public accounts committee said the Department of Health and the NHS had steadily reduced levels of discharges since 1997.

However, they found too many older people are still being kept in a hospital bed unnecessarily when they are ready to be discharged.

The total number of patients delayed on any one day has almost halved – 45 per cent since

September 2001. The role of physiotherapists and occupational therapists in helping to tackle delayed discharges was acknowledged in the report.

But on any given day some 4,000 patients remain in NHS acute hospitals after being declared ready to move to another type of care.

From next January, local authorities will have to reimburse the NHS if a patient's discharge is delayed because social services have failed to carry out an assessment or provide support services for that patient.

The report is at [www.publications.parliament.uk/pa/cm/cmpublic.htm](http://www.publications.parliament.uk/pa/cm/cmpublic.htm)

## Supporting development beyond first registration

The Department of Health is to develop a shared framework to support the learning and development of healthcare staff, following their first registration.

The contract for the work, which will take a year to complete, has now been awarded to a partnership brought together by the University of Salford. The partnership includes two PCTs, an acute trust, two workforce development confederations and a postgraduate medical deanery. This work will be taken forward in full collaboration with stakeholders. A small steering group has been established and a much broader reference group, whose aim is to ensure that all key interests have a direct role in shaping the framework, is being set up.

More at [www.doh.gov.uk/hrinthenhs/learning/section2a/policyareas.htm](http://www.doh.gov.uk/hrinthenhs/learning/section2a/policyareas.htm)

A detailed two-way communication plan is being prepared, the central feature of which will be a dedicated, interactive website.

Further information about communication arrangements will follow shortly.

## Diary

### Practitioners with a Special Interest

The Practitioners with a Special Interest event is sponsored by the National Primary and Care Trust Development Programme (NatPaCT).

It is also endorsed by the Royal College of General Practitioners, the Royal College of Nursing and the Allied Health Professionals Forum.

The aim of the conference is to:

- equip managers and practitioners to put policy into practice
- challenge and inspire practitioners to improve the patient experience, and to provide better services
- offer practical advice on how redesigned services can be set up
- help achieve targets.

The event, to be held on 6 November in London, is open to doctors, nurses, allied health professionals, chief executives, directors and managers in finance, commissioning, modernisation, service development within strategic health authorities, primary and secondary care trusts.

For further details on this event and to book a place go to [www.natpact.nhs.uk/events](http://www.natpact.nhs.uk/events)

### Implementing system reform in the NHS

Four learning events are being run for PCT and strategic health authority representatives to explore the issues and implications around the system reform agenda, patient choice, payment by results and NHS foundation trusts.

Each event will provide a forum for shared learning and an opportunity for SHA and PCT staff to engage with the system reform agenda.

Lead officials from the Department of Health and the National Primary and Care Trust Development Programme (NatPaCT) will be available.

The events will be held on: 20 October – London; 21 October – Bristol; 23 October – Leeds; 28 October – Birmingham.

A copy of the outline programme and further information are available at [www.doh.gov.uk/cebuletin/systemreformevents.htm](http://www.doh.gov.uk/cebuletin/systemreformevents.htm)

### The allied health professions strategy: how well is it progressing?

This conference will examine the progress being made in delivering the AHP strategy across the health care sector.

Chief health professions officer Kay East is among the speakers.

Topics for discussion include the role of an AHP member on a CHI review team and the work of the Health Professions Council.

It takes place in central London on 28 October and costs £295 + VAT.

For more information call GateHouse on 020 7347 3575 or e-mail [vicki.taylor@lexisnexis.co.uk](mailto:vicki.taylor@lexisnexis.co.uk) or go to [www.conferencesandtraining.com/gatehouse/](http://www.conferencesandtraining.com/gatehouse/)

## General hospital care for older people

PCTs, working with acute trusts, are being invited to bid for funding to run projects to help implementation of the *National Service Framework for Older People's* general hospital care standard. A sum of £2.8 million is available in 2004-2005 and 2005-2006 to support initiatives. The letter, proforma and contacts are at [www.doh.gov.uk/nsf/olderpeople/genhospcarestandard.htm](http://www.doh.gov.uk/nsf/olderpeople/genhospcarestandard.htm)

## Women's mental health strategy

The Government's campaign to remove inequalities in mental health services now includes a strategy for women.

The new guidance recommends that primary care and mental health trusts should appoint a senior person responsible for women's mental health who will ensure more co-ordinated working between all services.

The statutory and voluntary sectors should also work together to ensure there are no gaps in services for women with mental health problems.

The guidance is available at [www.doh.gov.uk/mentalhealth/women.htm](http://www.doh.gov.uk/mentalhealth/women.htm)

## Independent treatment centres

A series of new treatment centres, separating elective from emergency care, are to be run by the independent sector, benefiting 250,000 patients a year.

These will all provide treatment for NHS patients, such as orthopaedic and ophthalmology surgery – and are expected to cut waiting times dramatically.

A total of 34 new treatment centres (previously known as diagnosis and treatment centres) will be run by the independent sector. There will be 46 NHS-run treatment centres by 2005.

More at [www.info.doh.gov.uk/doh/intpress.nsf/page/2003-0337?OpenDocument](http://www.info.doh.gov.uk/doh/intpress.nsf/page/2003-0337?OpenDocument)

## Get the right treatment campaign 2003-2004

The Department of Health is again running its annual *Get the Right Treatment* campaign. The aim of the campaign is to promote awareness of the health care options available to patients. This year there will be a focus on newer services, including NHS walk-in centres, as an alternative to visiting GPs, A&E departments or dialling 999.

The campaign begins this month. A poster and credit card-sized concertina leaflet, containing the campaign messages, will be distributed to staff to help signpost people to the options available. It is hoped that staff will support the campaign by continuing to offer guidance to the public on the health care options available.

For more information contact Peta Wolstencroft, access and new services team, on 0113 2545656.

## Violence against NHS staff

Greater awareness of national 'zero tolerance' policies on violence against NHS staff is believed to have contributed to a rise in reported cases.

Although reported levels of violence, accidents and harassment have increased over the last year, much of this is due to improved reporting.

More on the Government's zero tolerance scheme at [www.nhs.uk/zertolerance/intro.htm](http://www.nhs.uk/zertolerance/intro.htm)

## Police protection powers

The Home Office has revised a police circular on the use of police protection powers; for example, keeping a child in hospital if there is evidence that he or she is at risk. It gives more precise guidance on the Children Act 1989.

The circular addresses concerns raised in the Victoria Climbié Inquiry Report.

The circular is at [www.doh.gov.uk/cebuletin/policecircular.htm](http://www.doh.gov.uk/cebuletin/policecircular.htm)

## NHS foundation trust information booklets

A series of information booklets covering key aspects of NHS foundation trust policy and related areas have been published. Details at [www.doh.gov.uk/nhsfoundationtrusts/index.htm](http://www.doh.gov.uk/nhsfoundationtrusts/index.htm) where hard copies can be ordered.

## Faster access for the partially sighted

People with sight problems will have faster access to services following changes to the registration system.

New procedures will come into force from November to speed up the process by which people who are blind or partially sighted are registered with social services.

More at [www.info.doh.gov.uk/doh/intpress.nsf/page/2003-0341?OpenDocument](http://www.info.doh.gov.uk/doh/intpress.nsf/page/2003-0341?OpenDocument)

## Funding for voluntary and community sector

The awarding of grants to the voluntary and community sector (VCS) will be made simpler under new proposals to encourage devolved decision making.

The proposals follow 31 recommendations on streamlining the grant process in the *Section 64 Review Group Report*.

Section 64 of the *Health Services and Public Health Act 1968* gives the health secretary the power to make grants to voluntary organisations in England whose activities support the Department of Health's policy priorities.

[www.doh.gov.uk/sect64/grants.htm](http://www.doh.gov.uk/sect64/grants.htm)

## NHS and Primary Care magazines

The magazines aim to spread good practice, stimulate debate and keep health professionals up to date with the latest developments.

They can be read at [www.nhs.uk/nhsmagazine/primarycare/index.asp](http://www.nhs.uk/nhsmagazine/primarycare/index.asp)