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## TOP NEWS

### Patient choice: the role of AHPs

Chief health professions officer Kay East has urged AHPs to consider redesigning services to help give patients real choice over their treatment, thereby improving the patient experience.

The consultation exercise for the Government's choice initiative ended on 11 November, having sought the views of NHS staff, patients, carers and key voluntary or other partner organisations.

The Department of Health expects to publish a policy framework for implementing choice and improving the patient experience by the end of the year.

Although the consultation has finished, health care staff are being encouraged to get involved in the ongoing engagement process over the coming months.

Kay East said the choice project was an opportunity for AHPs to carefully consider exactly what is meant by patient choice and how far it should extend.

AHPs are already playing important roles in various choice pilot projects and she is keen to see this continue. But choice is not just about where and when patients get their treatment, it is also about the 'what' and the 'how'. Introducing more choice for patients is about putting the patient first and helping them to make decisions about their health and treatment.

"Choice is not an end but a means to improving the patient and user experience. It is about creating a flexible service that responds to patients' needs," says Kay.

"AHPs, like any health care workers, have to think hard about

the way they provide services.

"Teams need to be asking themselves whether they are truly responsive to the needs of people using their services."

Eight task groups were set up to look at patient choice, responsiveness and equity in the areas of: primary care; mental health; emergency care; planned care; older people's services; children's health; maternity care and long term conditions.

Kay added: "Patients, users and carers want to share in decisions about their treatment and care, they want to make decisions about where and when care is received, and what services they are receiving.

"If health and social care is to become more responsive, what information and support do people need to make their own choices?"

"AHPs need to think about the changes that are needed in the system, how people work or communicate to create choices and make health and social care more responsive.

"We need to constantly question whether a service is fair, personal and taking account of individual needs and preferences.

"These are challenges for all those delivering health care but they are questions we need to address if we really are going to meet the needs of our patients, users and carers."

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

## Contents

### Top News

Patient choice: the role of AHPs .....	1
Teamwork expands choice .....	2
Investment in radiotherapy services helps workforce move forward .....	3

Redesigning radiotherapy services .....	3
Influencing NHS foundation trusts .....	4
Helping patients to walk again .....	4
Speech and language review .....	5

Voicepiece .....	2
News in brief .....	5-6
The Digest .....	7-8
The Diary .....	8



### This month chief health professions officer Kay East says the opportunities are ripe for AHPs who understand that care needs to be designed around the everyday lives of patients.

We have seen great changes in the scope and role of allied health professionals and it is encouraging to see the benefits this is delivering for patients.

The 10 key roles for AHPs promoted the need to take on greater responsibilities, making sure that all professional groups get involved in improving services which provide more responsive care for patients.

We are taking steps to extend supplementary prescribing to physiotherapists, podiatrists and radiographers to support new ways of working and give these professionals even greater opportunities to reduce 'hand offs' and waiting times. We are hoping that there will be changes for other

professions too, especially for those groups that do not currently have access to the supply and administration of medicines. I am pleased that these initiatives are being welcomed by the professions and that many AHPs are embracing the opportunities to advance their learning and practice. This is reflected in the number of AHP consultant posts being developed, and builds on the success of NHS trusts who are developing responsive services that meet local needs. It is encouraging that many of these new developments now include AHP consultant posts covering a range of professions and specialities.

In primary care the development and extension of the role of AHPs with a Special Interest shows that AHPs are contributing to

integrated health and social care programmes.

Many people are discharged home earlier and many patients with a chronic illness want to be cared for at home. This offers new opportunities for AHPs to develop new roles and skills in a primary care setting. The changes in services in primary care will impact on AHPs wherever they work.

Those AHPs working in hospitals recognise that faster throughput means knowing more about the patient's home environment and its impact on health and recovery. Promoting self-care and focusing on rehabilitation is central to the practice of all AHPs who understand that care needs to be designed around the everyday lives of patients.

## TOP NEWS ...continued

### Teamwork expands choice – case study

Ravenscourt Park Hospital in west London is a state-of-the-art orthopaedic centre. It is also one of the Government's London Patient Choice pilot sites, offering patients a real say in their treatment.

Patients from 10 'buddy' hospitals from across London can opt to have quicker orthopaedic surgery at Ravenscourt Park if they have been waiting six months or more and face a long wait at their local hospital.

Therapy team leader Lucy Goldsman said: "Choice has presented some huge benefits for therapists here at Ravenscourt Park.

"It has been a real opportunity for us to develop a service that is focused around a specific group of patients, look at our outcomes and be able to demonstrate that this is an effective pathway and a good quality one for the patient.

"It has raised the profile of therapy. When we started people weren't quite so aware of how important therapists were for elective orthopaedic patients yet

they play a very key role in planning a patient's admission.

"They also have a key involvement during the inpatient stage and in the discharge planning."

Patients waiting for treatment are contacted by Ravenscourt Park and offered the choice of treatment there. If they accept, a surgery date, convenient for the patient, is agreed. Afterwards, patients are asked to complete a satisfaction survey.

"Patients love the facilities and are very happy with the service they have received," said Lucy.

"It is absolutely vital to be able to maintain open lines of communication, particularly with the other therapy departments that we are dealing with.

"If a patient comes for surgery from another hospital, their

occupational therapist needs to know that we are looking after the patient's equipment needs, liaising with social services and co-ordinating the discharge process.

"The physio departments also need to have an idea of how many patients are going to be coming through and what impact that might have on their outpatient waiting lists.

"Patient choice also offers an opportunity to empower patients to make more decisions about their surgery. They have options, which means they take an active interest and become more responsible for their own care. That, I am convinced, will lead to a better long-term outcome for patients."

## Investment in radiography services helps workforce move forward

Investment in radiotherapy services is helping to relieve staff pressures, offer new career opportunities and cut patient waiting times.

With more patients than ever before identified as needing radiotherapy treatment, the demands on radiotherapy departments are well understood by the Department of Health.

Progress is being made to strengthen the workforce, invest in new radiotherapy equipment and support new ways of working.

Since 1997 there has been a 10 per cent rise in the numbers of therapy radiographers and 11 per cent for diagnostic radiographers. The number of university training places for radiographers has doubled.

The number of linear accelerators – essential for the delivery of high-quality radiotherapy – has also increased with 66 replacement and 25 extra linacs being brought into the NHS since January 2000.

But as the demand for radiotherapy services is still outstripping supply, new ways of working are being encouraged and, where this is happening,

the results are better career opportunities and improved care.

Working closely with the Royal College of Radiologists and the Society of Radiographers, the Department of Health is giving radiographers the opportunity and training to take on roles traditionally carried out by doctors (radiologists).

Some advanced practitioners in the breast screening programme now interpret x-rays and insert marker wires to identify the precise location of a breast lump.

And new assistant practitioners are able to produce basic breast x-rays in the screening programme and give basic radiotherapy to cancer patients.

Pilots in breast screening, diagnostic imaging and in radiotherapy have developed occupational standards which can help other services introduce new roles locally.

The Cancer Services Collaborative Improvement Partnership programme – now

working with 35 radiotherapy departments – is also proving a great success, reducing waiting times for CT scans, ultrasound scans and barium enemas.

The programme works by looking at the whole patient journey, identifying bottlenecks in the system and developing solutions.

National cancer director Mike Richards, in the recent NHS Cancer Plan progress report *Maintaining the Momentum*, said: "The Improvement Partnership has proved that major change can be achieved by clinicians and managers working together to streamline services. As more and more teams become involved in the programme I'm confident that the benefits to patients will continue to increase over the next two years."

*Maintaining the Momentum* is at [www.doh.gov.uk/cancer/progressreport2003](http://www.doh.gov.uk/cancer/progressreport2003)

More on the Cancer Services Collaborative at [www.modern.nhs.uk](http://www.modern.nhs.uk)

### Redesigning radiography services – case studies

At Addenbrookes Hospital in Cambridge, radiographers have reduced waiting times for patients by taking a radical approach to the appointment system for patients who are referred by their GP for plain film x-ray investigations.

The team introduced direct access by appointment whereby the patient contacts the department via a dedicated line to book their appointment at a time convenient to them.

Radiology directorate manager Liz Hunt said: "We are now open early in the morning and stay open late into the evening, giving patients real choice.

"It also means that we can plan some of our workload to be out of normal working hours, thereby improving the service we offer to our clinic patients which is on a supply and demand basis. This system is also beneficial to the staff in the area who can alter their hours to

improve their working lives."

At the Royal West Sussex NHS Trust, the role of support workers has been extended to develop both assistant practitioner and advanced practitioner roles.

Not only have patients benefited, but radiography staff have gained an enhanced career structure and better pay. This has also allowed radiologists to focus on specialist areas of interest.

Also, CT scan waiting times have fallen from 15 to seven weeks, waiting times in radiography have fallen from 15 to four weeks and the trust has met the national cancer two-week referral target.

### 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.

## Influencing NHS foundation trusts

NHS foundation trusts are set to offer health care staff a real opportunity to influence service delivery.

The proposed new trusts are a key part of the Government's drive to see the NHS being run locally rather than by Whitehall.

They will be part of the NHS, providing care for NHS patients but with the freedom to improve services for patients without interference from Whitehall.

They will still be accountable to Parliament but local communities and local NHS staff will have a greater say in how they are run.

Many therapists remain unsure of what the impact on them will be. The Government recently gave an assurance that all NHS health care staff, not just nurses and doctors, would be able to get involved.

Each NHS foundation trust will have a membership consisting of staff, the public and patients, with staff members electing staff

governors, and patients and the public electing their own governors.

The *Health and Social Care Bill* – the legislation governing foundation trusts – will allow trusts local flexibility over the exact make-up of their board of governors but there must be at least one staff governor.

Health minister Lord Warner has confirmed that applications for foundation status will not win support without clear proposals for robust, clinical leadership at board level, covering medical, nursing and other professionals.

Royal College of Speech and Language Therapists chief executive Kamini Gadhok said: "We welcome the possibility of AHPs being members of foundation trust boards. This is a historic shift, enabling AHPs to be part of the strategic decision-making process."

The Chartered Society of Physiotherapists, however, is calling for greater clarity from the Department of Health about the way foundation trusts will work.

"We agree with the Government's view that there should be greater decentralisation of decision-making. Our concerns are focused around how foundation trusts will operate in practice and their impact on the delivery of physiotherapy to patients," said the society.

Subject to legislation, the first NHS foundation trusts will be established from April next year. Applicants are currently consulting on their proposals. AHPs and other NHS staff have an important opportunity to have their say on the proposals for their hospital.

More information at [www.doh.gov.uk/nhsfoundationtrusts](http://www.doh.gov.uk/nhsfoundationtrusts)

## Therapists and scientists help patients to walk again

Combining the clinical knowledge of therapists with scientists' design and engineering skills

Therapists are playing a key role in the success of a pioneering device to help partially paralysed people to walk again.

Engineers at Salisbury Hospital's Department of Medical Physics used modern electronics to create a dropped foot stimulator.

Aimed at helping hemiplegics, stroke and multiple sclerosis sufferers and people with spinal cord injuries, it boosts foot movements by electronically stimulating nerves.

After starting trials of the device, the department brought in a research physiotherapist to help patients use the equipment.

The combined approach helped to develop the device further so that it could be set up quickly during a clinic without the need for computers and cables.

Now, four physios and an occupational therapist's clinical skills complement the scientists'

design and engineering work.

The project has been a huge success, with more than 1,600 clients benefiting.

Clinical specialist research physiotherapist Geraldine Mann said: "The whole project is an excellent example of teamworking.

"As therapists, our work is all about movement – that is our expertise – and it is that clinical know-how which we pass onto the engineers and is then utilised in the design process.

"By mixing our expertise, we have been able to cut down professional barriers, all to the benefit of the patient.

"Feedback from patients has also been extremely positive – they give us good ideas about what more we can do to help."

The foot stimulator has significantly reduced the effort of walking for patients, increasing their confidence. Stroke sufferers,

in particular, have increased their walking speeds.

It has allowed physiotherapists both here and abroad to be trained in its use, with centres set up in places including Birmingham, Glasgow, London, Copenhagen and Pisa. By helping to prevent falls, the device also saves the NHS money.

Design engineer Paul Taylor added: "The input from the therapists has made a dramatic difference to the project.

"Their clinical knowledge about patients' specific needs has helped us to develop the equipment in a way which really addresses their mobility problems.

"They are the obvious beneficiaries but what this has also highlighted is the importance of multidisciplinary teamworking."

More about the project is at [www.salisburyfes.com](http://www.salisburyfes.com)

## Speech and language review

Speech and language therapists in Lincolnshire have conducted a review to improve the service they offer to schoolchildren.

The review involved reassessing 1,250 pupils in 289 primary schools across the county.

The exercise was prompted by several factors. Demand for the service had increased by 45 per cent over four years since 1997 and, in April 2002, the speech and language therapy services for North and South Lincolnshire were merged.

A consultation with teachers and therapists also showed that a different way of meeting the speech and language needs of pupils in

mainstream schools was required.

The review – conducted in partnership with the schools – resulted in a 30 per cent reduction in the service's caseload. Pupils are now assessed and provided with support at one of three levels depending on their needs.

A one-day training event was held as part of the review for all mainstream special education needs co-ordinators. This gave teachers information about speech and language development, disorders and support strategies.

The review is now being followed by the development of a resource file for teachers and therapists to help them provide support for pupils who are not part of the caseload.

Therapists will work with schools to identify and manage the need for the speech and language therapy service and ongoing training needs will also be addressed.

Further information from Ginny Blackoe, clinical lead, Lincolnshire South West PCT on 01529 416000 or Beth McLuckie, clinical co-ordinator, on 01522 514814.

## NEWS IN BRIEF

### News from Barts and the London NHS Trust:

The trust produces a regular update on therapy services. Here is a summary of good practice as featured in the latest edition.

#### Intensive care collaborative

*A collaborative project is seeing therapists from several disciplines working together to raise their profile within the hospital's intensive care unit (ICU).*

*The skills of dieticians, occupational therapists, physiotherapists and speech and language therapists have particularly helped ICU patients admitted after brain surgery and/or suffering trauma.*

*More information from Lisa Parcsi on 0207 7377 7761.*

#### Staff 'Time-Out' scheme

*Therapy staff at the trust have been making the most of an opportunity to take a break from clinical duties to develop their research skills.*

*The trust's Time-Out scheme also allows staff to improve the skills required to carry out evidence-based practice activities.*

*Staff who have taken advantage of this include head occupational therapist Clare Beanlands, diabetes specialist dietician Lisa Vaughan and specialist SLT Mieke Oestmann.*

*Meike applied for funding to investigate clinical risk management issues regarding compliance with SLT swallowing recommendations.*

*More information from Meike on 0207 377 7177, Clare on 0207 377 7761 and Lisa on 0207 377 7736.*

#### Speech and language therapy

*Senior and specialist SLTs at Barts are now able to perform tracheal suction on patients with tracheotomies.*

*Although playing a key role in this area already, SLTs previously had to call on physiotherapists or nurses for help when patients needed secretions cleared from their airway.*

*Although that remains the preferred best practice, a new policy and set of competency guidelines about suctioning for SLTs have now been established.*

*More information from Juliet Concanon on 0207 377 7177.*

#### Jewish nutrition link worker

*The trust has appointed a Jewish nutrition worker in a move aimed at reflecting the diverse needs of its multi-cultural local community.*

*While the Muslim and Bangladeshi community is the region's largest ethnic group, many other cultural and religious groups are present, including a sizeable orthodox Jewish population.*

*Sharon Patashnik will act as an advocate for orthodox Jewish patients, identifying their particular nutritional needs and promoting awareness of their customs and culture among staff.*

*More information from Sharon on 0207 377 7736.*

#### New strategy agreed

*The trust and Tower Hamlets PCT have agreed a three-year therapy services research and evidence-based practice (EBP) strategy.*

*Trust therapy services director Shirley Embling said: "We have the potential to be a leading centre for therapy research and evidence-based practice. We are already doing excellent work in this field.*

*"For example, we have a number of research fellows within our OT, physio, SLT and dietetic services, and a large proportion of therapy staff are actively engaged in research and EBP activities."*

*She said the trust was overcoming traditional barriers to research and EBP, notably lack of time and skill among its staff.*

*"We need to ensure therapists working at the trust take full advantage of the wide range of existing research/EBP opportunities available to them.*

*"These include access to the nursing, midwifery and AHP research facilitator, ring-fenced funding for non-medical research, the Time-Out scheme, research training programmes and comprehensive on-site libraries."*

*More information from Shirley on 0207 377 7000, extension 3217*

## HPC encourages registrants to get involved

The duties of the Health Professions Council have increased considerably from those of the previous regulator, the Council for Professions Supplementary to Medicine.

To help it carry out its work, the HPC needs to recruit 'partners' from the 12 professions it regulates.

These include: arts therapists; biomedical scientists; chiropodists/podiatrists; clinical scientists; dieticians; occupational therapists; orthoptists; prosthetists and orthotists; paramedics; physiotherapists; radiographers and speech and language therapists.

Partners work as agents of the HPC. They provide the expertise the HPC needs for its decision-making.

The HPC is now looking for health professionals on the HPC register to carry out one or more of the following roles:

- Visitors play an important role in the approval and continuing re-approval of courses. After institution visits, the reports written by groups of visitors form the basis of the education and training committee's decisions regarding course approval.

- Registration assessors determine applications for registration via the international and grandparenting processes, looking at applicants' education, training and experience in relation to the HPC's standards of proficiency.

- Panel members participate in and contribute to the hearings of allegations against registrants. The role of panel member offers the opportunity to take an active role in the HPC's fitness to practice process, ensuring proceedings are fair to all involved and that the correct decisions are reached.

Each role attracts a fee and a commitment of 10 days per year is expected.

More information is available from the council's human resources department on 0207 840 9730. Alternatively recruitment packs are available at [www.hpc-uk.org/](http://www.hpc-uk.org/)

The closing date for applications is 28 November.

## National consensus on dysphagia

Dysphagia is a frequent complication for patients who have suffered a stroke. Studies have shown that up to half of conscious acute stroke patients have swallowing problems.

Patients who do not have appropriate feeding management tend to have lower stamina, recovery rates and life expectancy. They are also at greater risk of related disease, such as pneumonia, pressure sores and anxiety.

It is becoming common for nurses to carry out swallowing assessments due to the shortage of speech and language therapists and the lack of SLT services at weekends.

However, there are no current standards to support the delegation of dysphagia management to other disciplines.

The National Patient Safety Agency (NPSA) and the Changing Workforce Programme are now leading a project to produce a national competence-based consensus, supported by the relevant professional bodies.

The first phase will involve interviews with dysphagia experts to identify the key issues. These issues will then be used as the basis for interviews with relevant health care professionals.

The results will shape a new competency tool for dysphagia management which will go out for consultation before it is finally approved.

One of the key standards in The National Service Framework for Older People focuses on stroke services and the major impact this has on people's lives. One aspect of this is around specialist stroke services providing advice to and the training of other professionals in all aspects of stroke care including swallowing and nutritional needs.

The following people can be contacted for more information:

- Steve Davies, dysphagia nurse specialist, 0191 403 2869 or [steve.davies@ghnt.nhs.uk](mailto:steve.davies@ghnt.nhs.uk)

- Liz Boaden, speech and language

therapist, 01257 245290

- Linda Thompson, NPSA health professions project manager, 020 7927 9516 or

[Linda.thompson@npsa.nhs.uk](mailto:Linda.thompson@npsa.nhs.uk)

- Philip Shields, Department of Health workforce designer, 01482 860628 or

[Philip.shields@doh.gsi.gov.uk](mailto:Philip.shields@doh.gsi.gov.uk)

The NSF for older people is at [www.doh.gov.uk/nsf/olderpeople/index.htm](http://www.doh.gov.uk/nsf/olderpeople/index.htm)

## Patient Group Direction templates

Patients needing emergency treatment will get speedier care as the Department has published 18 new national Patient Group Directions (PGDs).

These explain clearly to nurses, paramedics, physiotherapists and pharmacists how they can make more use of extended powers that were given to them in 2000. A further 12-15 templates are under development and will be added to the website over the next few months. These will include templates for thrombolysis, diamorphine, oxygen and others.

The templates are at [www.nelh.nhs.uk/emergency](http://www.nelh.nhs.uk/emergency)

## Research opportunity 'down under'

An opportunity to carry out research in Australia on the management and organisation of allied health is being proposed by a researcher from the University of Queensland.

Dr Rosalie Boyce would like to sponsor any AHP who would be interested in taking part in a UK Health Foundation Fellowship to research the shifting nature of professional work among allied health professionals internationally.

This would involve a period of time in Australia working with Dr Boyce.

More information on the Health Foundation Fellowships and the application process is at [www.health.org.uk/ourawards/fellowships](http://www.health.org.uk/ourawards/fellowships)

Contact Dr Boyce on +61 07 3365 6675, via [r.boyce@mailbox.uq.edu.au](mailto:r.boyce@mailbox.uq.edu.au) or write to her at UQ Business School, University of Queensland, Brisbane, 4072 Australia.

## Pay scales for 2003-2004

Details of all pay scales for allied health professionals are available at [www.doh.gov.uk/publications/coinh.html](http://www.doh.gov.uk/publications/coinh.html)

They can be found under Advanced Letters for each profession.

## NHSmail and directory service

The NHSnet User Group (NNUG) will be responsible for ensuring stakeholder input in the NHSmail and directory service.

It will be responsible for cascading issues and information about the service to NHS organisations.

It will also act as a focal point for user consultation and help develop and share good practice. NHSmail is to provide a forum through which members can do this.

More at [www.nhsia.nhs.uk/nhsnet/pages/default.asp](http://www.nhsia.nhs.uk/nhsnet/pages/default.asp)

Volunteers are also needed to take part in testing for the next stage of NHSmail. E-mail [Anne.Barton@nhs.net](mailto:Anne.Barton@nhs.net) for more information.

## Health care awards

AHPs are invited to enter the 2004 Transcultural Nursing and Healthcare Association and Foundation of Nursing Studies' awards.

Organisers are looking for clear, focused initiatives that demonstrate a good understanding of cultural competence in health care. All proposals should be underpinned by clear evidence where appropriate and have a positive patient outcome.

The total prize fund is £2,000 and entries must be in by 4 December.

More at [www.fons.org/networks/tcnha/](http://www.fons.org/networks/tcnha/)

## NHS violence

The NHS Counter Fraud and Security Management Service (CFSMS) is launching a security management strategy later this year to build a safer and more secure NHS.

More at [www.cfsms.nhs.uk](http://www.cfsms.nhs.uk)

## Prosthetic awards

Organisers of this year's Prosthetic Awards Dinner say it was a great success and are already planning for next year.

Jointly hosted by the Limbless Association and Douglas Bader Foundation, 150 guests saw 10 awards presented at a ceremony in London.

The Disablement Service Centre of Achievement Award went to Chapel Allerton in Leeds, which will host next year's awards.

More information will be available in the Limbless Association's Christmas edition of *Step Forward*.

Anyone wishing to comment on this year's awards should e-mail Kiera Roche at [kiera@limbless-association.org](mailto:kiera@limbless-association.org)

## Consultants accept new contract

Six out of 10 consultants have voted to back a new contract negotiated by the Department of Health and the British Medical Association (BMA).

The contract is at [www.doh.gov.uk/consultantframework](http://www.doh.gov.uk/consultantframework)

## GP figures

Between September 2002 and June 2003 there were 800 more GPs – a total increase of 1,535 since 1999. More at [www.doh.gov.uk/stats/gprrvsurvey2003.htm](http://www.doh.gov.uk/stats/gprrvsurvey2003.htm)

The NHS now has more than 1,250 specialist GPs – exceeding the key Government commitment of appointing 1,000 GPs with a Special Interest one year early.

More at [www.doh.gov.uk/pricare/gp-specialinterests](http://www.doh.gov.uk/pricare/gp-specialinterests)

## Better working for health visitors

Health visitors are to benefit from flexible working and less bureaucracy.

New retirement, work pattern and careers flexibilities – currently available to hospital staff – are being extended into primary care.

More at [www.doh.gov.uk/cno/liberatingtalentscphv.htm](http://www.doh.gov.uk/cno/liberatingtalentscphv.htm)

## Cancer services

Lives are being saved and patients receiving better care, according to a progress report on the NHS Cancer Plan. Cancer death rates among people under 75 have fallen by more than 10 per cent – putting the NHS on track to achieve its target of a 20 per cent reduction by 2010.

The report – *Maintaining the Momentum* – reviews the advances made since the cancer plan was launched in 2000. More at [www.doh.gov.uk/cancer/progressreport2003](http://www.doh.gov.uk/cancer/progressreport2003)

Cancer screening services have been boosted by a £7.5 million investment with a new, more effective technique for screening for cervical cancer, and by new investment in endoscopy training.

Cancer networks across the country will also receive a share of a £50m to develop better services for terminal cancer patients.

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

## A&E patients' champion

The new director for patient experience in A&E is Jonathan Asbridge, former chief nurse and acting chief executive at Barts and the London NHS Trust.

He will have responsibility for raising standards of services for patients and their carers who attend NHS A&E departments.

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

## Hospital improvement partnership

A successful hospital improvement programme is now being rolled out to one, two and three star acute trusts across England.

The Improvement Partnership for Hospitals (IPH) aims to cut delays by improving the quality of care, addressing specialist staff shortages and developing better systems for controlling patient movements into and around the hospital. It also focuses on strengthening leadership among staff to drive forward local modernisation.

More at [www.modern.nhs.uk/iph](http://www.modern.nhs.uk/iph)

## Children's services

The *National Service Framework for Children, Young People and Maternity Services – Emerging Findings* report was published for consultation in April this year. The consultation period ended in August and 113 replies from a wide range of organisations and individuals were received.

Overall the responses supported the proposals but stressed that significant challenges lie ahead. The Children's NSF team is grateful to all those who responded and will now consider the responses as part of the development of the overall NSF.

*Emerging Findings* and a full summary of responses is available at [www.doh.gov.uk/nsf/children](http://www.doh.gov.uk/nsf/children)

## PCTs pilot US model

Eight primary care trusts have been working with Kaiser Permanente, a US not-for-profit medical organisation which specialises in providing medical services in the community.

It also educates and encourages patients to become more involved in their own care, leading to a reduction in the length of hospital stay for conditions such as asthma, bronchitis and strokes among the over-65s.

More at [www.kaiserpermanente.org](http://www.kaiserpermanente.org)

## Heart services investment

More than £200 million is to be spent on improving the diagnosis and treatment of heart patients across the NHS.

Government cash of £93 million will provide three new cardiac centres at Basildon, Leicester and Nottingham to provide more beds, theatres and catheter laboratories. An extra £125m will be spent on new or replacement catheter labs.

More at [www.doh.gov.uk/heart/index.htm](http://www.doh.gov.uk/heart/index.htm)

## Black and minority ethnic framework

Proposals to improve mental health services for black and minority ethnic communities have been set out for consultation by the Department of Health.

Priorities for improvement are included in *Delivering Race Equality: A Framework for Action*. The consultation ends on 23 January.

More at [www.doh.gov.uk/race\\_equality/](http://www.doh.gov.uk/race_equality/)

## Keep warm, keep well

The Government has launched a six-month campaign to protect older and vulnerable people from winter-related illnesses and deaths.

Keep Warm, Keep Well offers practical help via a free telephone advice line, a Warm Front scheme for improving heating and insulation and a free winter guide.

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

## Flu jab campaign

The national flu immunisation campaign aims to encourage people aged 65 or over and those in at risk groups to book an appointment for their free flu jab. More at [www.doh.gov.uk/fluimmunisationcampaign2003-2004](http://www.doh.gov.uk/fluimmunisationcampaign2003-2004)

## Alcohol harm reduction

Moves to introduce a National Alcohol Harm Reduction Strategy have taken a step forward with the publication of interim analysis.

The interim report shows that heavy drinking may be particularly serious in England. This can lead to an increase in premature death and alcohol-related disorders or injuries. The findings will be used to develop the final strategy and are at [www.number10.gov.uk/output/page4498.asp](http://www.number10.gov.uk/output/page4498.asp)

## Digital hearing aids

People who are deaf or hard of hearing will have better access to digital hearing aids under the Government's modernisation of NHS audiology services.

The NHS will work in partnership with selected high street suppliers to provide an assessment and fitting services for leading-edge digital hearing aids.

More at [www.mhas.info](http://www.mhas.info)

## HDA evidence briefing

Parents hold the key to tackling childhood obesity, according to new research published by the Health Development Agency (HDA).

*The management of obesity and overweight: An analysis of reviews of diet, physical activity and behavioural approaches* looks at a range of obesity studies dating back to 1996 as part of a national stocktake.

It is at [www.hda.nhs.uk/evidence](http://www.hda.nhs.uk/evidence)

## NHS dentistry reforms

The reforms, which will take effect from April 2005, are aimed at reshaping the way local dental services are commissioned, improving oral health and meeting the demand for more advanced treatment.

NHS dentistry services will also receive more than £65 million to help update information technology (IT) equipment and improve access to services.

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

## Easier prescriptions

New measures have been unveiled to develop pharmacy services. They include £1 million to support the training of pharmacy technicians and pharmacy assistants and extended repeat dispensing, where patients can get repeat medication for up to one year without having to contact their GP surgery.

A Vision for Pharmacy in the new NHS is at [www.doh.gov.uk/pharmacyvision](http://www.doh.gov.uk/pharmacyvision)

## Name change of medical substances

The names of certain medicinal substances will be changing from December. In future where the recommended International Non-Proprietary Name (rINN) and the British Approved Name (BAN) differ, the BAN will change to match the rINN. Adrenaline and noradrenaline will not change though labelling with both the BAN and rINN will be encouraged. Vigilance by healthcare professionals and careful advice to patients will be needed during the changeover to minimise the risk of medication errors.

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

## Accident reporting

The Medicines and Healthcare products Regulatory Agency (MHRA) has launched a new system enabling medical device manufacturers to communicate accidents or recalls to the agency instantly.

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

## Sexual health cash

The Government has committed an extra £11 million to improving the nation's sexual health.

More at [www.doh.gov.uk/sexualhealthandhiv/index.htm](http://www.doh.gov.uk/sexualhealthandhiv/index.htm)

## Food and cleanliness

No hospitals received the red rating, denoting poor standards in need of urgent improvement, for either food quality or cleanliness this year following the Patient Environment Action Team (PEAT) inspections this summer.

Full results on cleanliness are at [www.cleanhospitals.com](http://www.cleanhospitals.com)

Food assessment results are at [www.betterhospitalfood.com](http://www.betterhospitalfood.com)

## 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)

## Parliamentary Questions

The following are recent parliamentary questions relating to AHPs:

● Prosthetic Services, 15 September:

[www.parliament.the-stationery-office.co.uk/pa/cm200203/cmhansrd/cm030915/text/30915w45.htm#30915w45.html\\_sbhd1](http://www.parliament.the-stationery-office.co.uk/pa/cm200203/cmhansrd/cm030915/text/30915w45.htm#30915w45.html_sbhd1)

● Physiotherapy waiting times, 14 October:

[www.parliament.the-stationery-office.co.uk/pa/cm200203/cmhansrd/cm031014/text/31014w16.htm](http://www.parliament.the-stationery-office.co.uk/pa/cm200203/cmhansrd/cm031014/text/31014w16.htm)

Click on the above links to access the information. For more information go to [www.parliament.uk/hansard/hansard.cfm](http://www.parliament.uk/hansard/hansard.cfm)

## Diary

### Working at the edge of chaos in organisations

The British Association of Art Therapists Open Forum presents Working at the edge of chaos in organisations on 15 November 2003.

More information from 020 7745 7262

### National Electronic Library of Health Awareness Week – 24-30 November, 2003

The library is designed to help practitioners required to systematically review and update their practices. It provides answers to many clinical questions.

More information at 0845 3660066.

The library is at [www.nelh.nhs.uk/](http://www.nelh.nhs.uk/)

### Developing the roles of AHPs and healthcare scientists

The Trent Workforce Development Confederation is holding a conference for AHPs and healthcare scientists in their region who are interested in developing their roles.

The conference will be held at the Renaissance Hotel, Mansfield, on 1 December, 2003.

More details on 01332 254679

### Critical care

The NHS Modernisation Agency is holding a conference on critical care on 5 March 2004 at the International Convention Centre, Birmingham. Early registration is advised as numbers are limited.

To register contact Classic Conferences on 01827 285800

### Enabling patient confidence through rehabilitation

This conference will be held on 30 March 2004 at St George's Hospital Medical School, London.

It aims to promote confidence among patients undergoing rehabilitation. It will be of interest to physiotherapists, occupational therapists and their colleagues working in acute and community settings.

For further details and booking call 0208 7250220

### Occupational therapists – Building the Future

The Council of Occupational therapists for the European Countries (COTEC) is holding its 7th European Congress of Occupational Therapy – Building the Future – from 22-24 September 2004 at the Hilton Hotel in Athens.

Further details at [www.triaenatours.gr](http://www.triaenatours.gr).

The deadline for early registration is 31 January. Information on COTEC activities is at [www.cotec-europe.org](http://www.cotec-europe.org) or e-mail the secretariat at [beryl.steeden@cot.co.uk](mailto:beryl.steeden@cot.co.uk)

### Collaborating for Change

Practical ideas for involving people with strokes in developing services is a one-day conference, presented by Connect – the communication disability network on 9 December 2003 at the Centre for Contemporary Arts, Sauchiehall Street, Glasgow.

More details at [www.ukconnect.org](http://www.ukconnect.org) or e-mail [info@ukconnect.org](mailto:info@ukconnect.org) or call 020 7367 0840.