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Nursing care supplement series 6: Specialised care.
7- Complicated labour, by Lyn Milrea, Ann Cowpor, and Cyril Young (centre pages)

Next week

CARE OF THE ELDERLY



A symposium on Care of the Elderly. The challenge of geriatric medicine, by M. H. Garland. Investigation and management of vertigo, by Neil Weir. Hypothermia, by P. H. Millard. Communication difficulties with the hard-of-hearing, by M. Anwar. Failing vision, by P. A. Gardiner. Care study: Senile dementia, by Sue Powder.

Nursing care supplement series 6: Specialised care 8 - A closed system of urinary drainage, by Elizabeth A. Jenner.

District nursing in the 1980s

AT A TIME OF travail and uncertainty, when important issues governing the future of a profession are at stake, it is often good to step back, raise one's eyes above the present sea of problems, and look at the horizon. In his address to the Annual Open Meeting of the Queen's Nursing Institute last week, Anthony Carr did just this: he painted the picture he would like to see of district nursing in the 1980s, from the standpoint of what he described as "the midst of important nursing history".

The district nurse five years ahead would, of course, have statutory recognition, and her status would be protected by law. She would be using the nursing process in her patient care. She would adopt a "natural approach" which would extend to the social, emotional, and spiritual welfare of patients as well as to their physical needs.

Health education, and teaching patients and their relatives simple home nursing procedures, would be an important part of the district nurse's role. The patient, too, would be given a major say in his own treatment programme, and the "nurse always knows best" syndrome would begin to die.

The district nurse of the 1980s would be a talker and a leader, as well as a doer and obeyer of instructions, and she would have equal status with the other members of the primary health care team. In addition, she would be much more orientated towards management, and have a "positive attitude" towards developing the service to meet the changing needs of the community.

Financing the paragon

To produce this paragon envisaged by Mr Carr would need a more comprehensive training than exists at present, but where will the money come from to subsidise it? The hard facts of life are that visions of the future stand or fall by the availability of funds to finance them. *The Way Forward* - the updated version of the "Priorities" document - restates the view that more district nurses will be needed to care for the elderly in the community, but it mentions no financial provision for a longer and more comprehensive training.

No one would disagree with Mr Carr's vision of the district nurse of the future - indeed, it will accord with the professional ideals of many. But to turn the vision into practicality will require a concrete affirmation of the sympathy and support already shown by Mr Moyle to the District Nurses' Action Committee.

District nursing in the 1980s

THE DISTRICT NURSE will be statutorily recognised as a leader of an enlarged nursing team in the 1980s, according to Anthony Carr, Area Nursing Officer, Newcastle AHA. And in this bright new future Mr Carr envisages three levels of community nursing support which would be developed at a cost of not much more than six per cent a year.

Mr Carr, who was addressing the annual open meeting of the Queen's Nursing Institute, was examining the short-term future of district nursing, and forecasting what he believed to be some revolutionary changes.

He suggested that at first level the district nurse would have four main objectives.

1. to assess and meet the nursing needs of patients in the community – using the nursing

process;

2. to apply skill and knowledge acquired, and impart them effectively to patients, others concerned with care, and the general public;

3. to become skilled in communication, establishing and maintaining good and effective relationships, and to be able to co-ordinate appropriate services for patients, their families, and other carers.

4. to develop an understanding of management and organisational principles, particularly as applied within a multi-disciplinary team, and to develop an inquiring mind and positive attitude to possible future developments in the community.

He also believed there would be protection by statutory training requirements at national and/or provincial level.

"I see a statutory committee comprised of district nurses in the majority (when district nursing is discussed), setting the standards of competence by entry requirements, an educational programme and

examinations, ideally working closely with, or as part of, the statutory Council for Health Visitors.

He anticipates much more freedom for education centres to offer a comprehensive system of education to new district nurse students. Approval of these centres, he thinks, would be on a basis of what type of student would emerge after training, and the type and qualification of staff supporting the student in the centre and in the AHA.

For the second level of nursing in the community Mr Carr proposes a re-structuring of the service. He wants one grade of nurse, to be known as a District Staff Nurse, who would care for people under directions of a higher authority.

The basic qualifications of this new nurse would be either SRN/RGN or SEN(G). Wherever she worked, whatever her grade, she would require three years' mandatory training and experience in the hospital nursing services, said Mr Carr. She would also have to undertake a core-module of education, followed by shorter modules of experience.

In a large urban area, Mr Carr suggested that the service should be structured so that:

- a higher-level district nurse would hold a national district nursing diploma; and
- normally one, but not more than two, district staff nurses would work in the community, one district staff nurse would be in a doctor's surgery, or a combination of these duties. These nurses would all have an appropriate post-basic qualification, probably entitled District Training Certificate (DTC).

The third-level nursing would, under Mr Carr's plan, be made up of district nursing auxiliaries, who had taken the nationally agreed, mandatory training course.

They would be under the immediate control of a district staff nurse, and part of the district nurse team.

In her address to the Institute, Chairman of Council Edith Bull, said that the good thing that had come out of the Institute's cutbacks had been the chance to give more attention to the welfare of nurses.

Mrs Bull said Council hoped the Institute would be able to put its professional and administrative services at the disposal of the smaller charities.

The Institute has also accepted the responsibility for the Nurses' Welfare Services, which helps nurses who are involved with GNC disciplinary procedures as a result of alleged professional misconduct.

Ennals raises HV's hopes

CENTRAL FUNDING for health visitor training is being "very seriously considered", Social Services Secretary David Ennals told health visitors at their annual study conference in Scarborough at the weekend.

Current intakes for health visitor courses were given "cause for great concern", Mr Ennals said. A six per cent increase in numbers was needed if the DHSS target of 9 000 more health visitors by 1980 was going to be met. News that central funding was being seriously considered was enthusiastically received by delegates but the Social Services Secretary could not be drawn to be more specific.

Mr Ennals was loudly applauded when, on the subject of health visitor/GP attachment, he said that the scheme

"had not brought about improvement in prevention". But he said that he was still giving high priority to health centre development where community care teams had "much to offer".

Discussing fears of an increase in cases of whooping

cough this winter, Mr Ennals announced that the DHSS was about to launch a vaccination publicity campaign attacking complacency among parents. Press and TV advertisements would be appearing soon, he said, and added: "I hope that we will be able to depend upon your support".

Full conference report in next week's *NM*.

NM goes to China

NURSING MIRROR's China Study Tour gets off the ground on Sunday next when travellers leave England for their two-week trip to the Far East.

The nurses will be accompanied by *NM* Editor Pat Young, and will visit Peking, Tsinan, Shanghai, and Kwangchow during the tour.

The travellers are Miss C. Bissell, DNO, Hertfordshire AHA; Miss E. Brookes, HV from Nottingham; Miss H. Catnach, formerly QARANC Brigadier; Mrs S. Christie, Clinical Teacher, East Horsley; Miss A. Gordon, Staff Midwife, Edinburgh; Miss J. Jones, HV from Stirling; Miss O. Lamb, SEN from Knaresborough; Mr J. McKeown, NO from Buckinghamshire, and his wife Kit Ching who is a Nursing Sister; Mrs E. Mellon, Matron from Hounslow; and Miss A. Walker, Ward Sister from Solihull.



Officers of Queen Alexandra's Royal Naval Nursing Service are to wear the new full-length Mess Dress modelled above by a Senior Nursing Sister. It is made of navy blue polyester twill with a white collar and scarlet cuffs piped with white.