



Martin Bradley

## Working Together for Health

In this edition of CNO News we have a wide range of reports, including features on the recent CNO Conference, the Tackling Racism workshop and an update on Developing the Nursing Response to Children and Young People with Complex Health Needs.

This edition also sees further developments in the establishment of the new Authority and Trusts and in our next issue, we hope to carry a comprehensive update on all the changes and new appointments.

We can however at a time of local change, forget that we are part of a wider – global health world and in October of last year, I had the opportunity to attend a meeting of the Global Government Chief Nursing Officer's Institute, in Atlanta, Georgia.

This meeting of CNOs from over 100 countries was held under the auspices of the Lillian Carter Centre for International Nursing. The event was hosted and chaired by Professor Marla Salmon, Director of the Lillian Carter Centre and Dean of the Nell Hodgson Woodruff School of Nursing at Emory University.

I was invited to address colleagues on the challenges facing “New CNOs” and outlined some of the changes arising out of Northern Ireland’s Review of Public Administration. We also considered the impact of global shortage of health care workers and the nursing response to tackling “Avian Flu”.

During the week, we explored issues on the role of nursing in Quality and Safety, Emergency Planning and how to relate to the media.

By mid-week, we were joined by the Global Government Chief Medical Officers for a one-day seminar at the National Centre for **continued on page 2**

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**Continued from page 1** - Disease Control and Prevention, where we were briefed on the latest developments in the control of Avian Flu.

The rest of the week was devoted to considering human resources for health and the challenges facing all health economics through the global shortage of healthcare workers and the international movement of staff.

There were presentations by among others, Lola Dare, Executive Secretary to the African Council for Sustainable Health Development, Manuel Dayrit, Director of WHO's Department of Human Resources for Health, Anna Maskin and Debbie Millor, DoH England, David Nabarro, UN System Senior Coordinator for Avian and Human Influenza, and Francis Omasiwa, Special Advisor to the Director General SHO in Human Resources and Executive Director of the Global Health Workplace Alliance.

We know that people are the vital ingredient in strengthening our health systems and that it takes time and money to train healthcare workers. Yet countries need their skilled workforce to stay so that their professional expertise can benefit the population. The solution is not straightforward, but there was agreement that at a local, national and global level, we need to work co-operatively to minimise the adverse consequences of the increasing international flow of workers, but at the same time respect the individual's freedom to pursue work where they choose.



## Midwifery Leadership Programme Dorothy Patterson

To ensure greatest impact on the midwifery profession, the DHSSPS agreed to target leadership development on midwives who have the opportunity to influence delivery of maternity services at a clinical level.

In March 2007, 10 midwife managers and 2 midwives from the DHSSPS attended The Midwifery Leader's Development Centre convened at the Comfort Inn, Antrim. The Midwifery Leadership

Programme was developed in partnership with the Royal College of Midwives London and the NHS Modernisation Agency in 2002 and has been attended by midwife leaders throughout the United Kingdom.

The aim of the Midwifery Development Centre was to provide midwifery leaders with learning support to enable them to develop critical midwifery leadership competencies as follows:

- develop a vision
- think strategically and systematically
- drive change
- influence others
- communicate effectively.

The leadership course will be followed up by the DHSSPS in the near future by developing learning sets structured on the Midwifery Leadership Programme Development Workbook.

# Tackling Racism Workshop

## Seamus Camplisson

In recent years the contribution of internationally recruited staff to the health service in Northern Ireland has been plain to see and is valued by patients and colleagues alike. At the same time, though, many staff from overseas have experienced racism both in their workplace and in the community.

In 2004 the Department, working in partnership with the staff representative bodies, published Embracing Diversity, launched the “No Room for Racism” media campaign, and decided to commission research which would inform future actions to address the problem.

In the meantime the HPSS Partnership Forum has formed a racism sub-group comprising representatives of the Department, management and staff side.

The final report by the Institute for Conflict Research (ICR) was published on the Department’s website in November and some of the findings are disturbing. The report is at <http://www.dhsspsni.gov.uk/icracismreport-06.pdf>. The press



Martin Bradley, Lorraine McCurdy, Maura Milligan, Bernadette McAliskey, Dr Jennifer Hamilton, Seamus Camplisson

release, which includes statements by RCN and UNISON on behalf of Staff Side, is at <http://www.nics.gov.uk/press/hss/061108c-hss.htm>.

The task now is to produce an anti-racism action plan for the HPSS, drawing on the research and also on the many examples of good practice from the HPSS Trusts. The first step in that process was a workshop held in the Hilton Hotel, Templepatrick on 26

January 2007. This was attended by over sixty people including HPSS HR and equality managers.

Martin Bradley, Chief Nursing Officer for Northern Ireland, opened the proceedings, placing international recruitment in its global and historic context, and highlighting the importance of internationally recruited staff in the health service. Dr Jennifer Hamilton, who led the ICR research team, described the research methodology and outlined the key findings. The keynote speaker was Bernadette McAliskey, Programme Co-ordinator at the South Tyrone Empowerment Programme.

The discussion sessions in the morning and the afternoon, involving all participants, were facilitated by Maura Milligan.



# Update on Developing the Nursing Response to Children and Young People with Complex Needs

Shirley Montgomery



This project was established to identify the nursing response to the care of children and young people with complex physical needs within a multi-disciplinary, multi-agency, holistic model of service delivery. It will examine and consider interface issues particularly where these impact on the development and delivery of effective discharge arrangements.

The overall aim of the project is to ensure Nursing Services are facilitated to fully support and respond to children with complex needs and their families in partnership with other professions and agencies. These services should

significantly contribute to quality of life ensuring that children and young people and their families are enabled to experience a life that is full and as normal as possible.

To date the following strands of work have been completed:

- Literature Reviews.
  - Information on child and family needs
  - Models of Nursing Services
  - Models of multi-professional and multi agency working.
- Interviews with family carers and young people.
  - Interviews have been undertaken with 15 parents face-to-face and a further 10 telephone interviews have to be completed. It is anticipated that a total of 30 families will contribute.
- Consultation with Professionals.
  - Four focus groups have been held throughout NI, two specifically nurse-based groups and two with all professionals involved with the client group.
- Self Completion Questionnaires.
  - A questionnaire was also distributed widely throughout the province and to date responses from 155 persons have been received and analyzed.

These consultations aim to seek the views of a wide range of professionals on service developments and issues regarding providing care to children and young people with complex needs.

The described strands of work have enabled the project team to formulate possible models and systems in line with the project's aim. Validating the suitability and feasibility of models and systems is being done through an evidence base for all elements, expert panel review and Consensus Round Table meetings. The Round Table meetings included a variety of stake-holders and served to both feed back on the work of the project and to elicit comment on the proposed models and systems.

A final report summarizing the information gathered, assessing the current response of nursing and making recommendations for suitable models and systems with an analysis of the implications for implementation is due April 2007.

**For further information regarding circulation of the report please contact [shirley.montgomery@dhsspsni.gov.uk](mailto:shirley.montgomery@dhsspsni.gov.uk)**

# Review of Clinical Supervision for Nursing in the HPSS 2006

## Bob Brown - NIPEC Senior Professional Officer and Project Lead

NIPEC have recently completed a review of clinical supervision for nursing across the Health and Personal Social Services (HPSS). The review concluded with a report which contains a set of guiding principles and recommended actions.

Recommendations include a modernised definition for Supervision and from this, a Regional Standard for Supervision will be developed by the Chief Nursing Officer. The report of the review will be available on the NIPEC website in April 2007. The report contains proposals for



Clinical supervision group

implementing effective models of supervision, underpinned by the modernised definition and emphasising the importance of linking supervision to appraisal, governance systems and performance management. Supervision should be the responsibility of every nurse as

integral to their practice. For every organisation, supervision must be embedded within a culture of learning and development that focuses on delivering safe and effective care. This will require strong professional leadership.

## All-Ireland Cancer Conference, Waterfront Hall, November 2006

In November 2006 Belfast hosted the 3rd All-Ireland Cancer Conference on behalf of the Ireland, Northern Ireland and National Cancer Institute (NCI) Cancer Consortium. The purpose of the consortium is to bring interested parties from across the island of Ireland and the United States together, with a combined mandate to enhance the ability of clinicians in all of Ireland to conduct world-class cancer research and thereby improve cancer prevention and care for the people in all of Ireland. The conference was the showcase of this research. Nursing research from the island of Ireland featured extensively throughout the conference

programme. The research papers presented by nurses were:

- *Men's experience of testicular cancer and its treatment* – Dr David Robinson, Senior Cancer & Practice Development Nurse, Belfast City Hospital
- *Exploring the components of nursing care in oncology outpatient clinics in Ireland* - Dr Janice Richmond, Advanced Nurse Practitioner, Letterkenny Hospital
- *A phenomenological study of the experience of loneliness among persons with life-limiting illness* – Bob Brown, Senior Professional Officer, NIPEC
- *A study of the experience of cachexia in cancer patients* – Joanne Reid Cancer Nurse/ PhD Student, Belfast City Hospital
- *Oncology nurses research priorities in the Republic of Ireland* – Ann Murphy, Oncology Education Facilitator, St Lukes Hospital, Dublin
- *Addressing the health needs of patients with breast cancer attending the OP review clinic* – Dr Eilish McCaughan, Lecturer, University of Ulster
- *Open windows: a novel art intervention in the treatment for patients undergoing stem cell transplantation* – Catherine McCabe, Lecturer, Trinity College.

# The Health Foundation champions two nursing professionals as future Healthcare leaders.

The Health Foundation has selected two talented nursing professionals from Northern Ireland to receive its prestigious Leadership Fellows award. The nursing professionals are:

- Bob Brown, Senior Professional Officer, Northern Ireland Practice and Educational Council for Nursing and Midwifery, Belfast
- Margaret O'Hagan, Assistant Director of Nursing, Mater Hospital, Belfast (currently on secondment to DHSSPS as Nursing Officer - Acute Services).

Bob and Margaret are two of a total of 16 award winners viewed by The Health Foundation as having the potential to become future leaders of the NHS and make major improvements to the quality of patient care in the UK.

The 16 Leadership Fellows come from all four UK countries and have a wide variety of backgrounds within the health service. The group includes managers, nurses and hospital doctors. All award winners will receive two years of high quality personalised one-to-one coaching by experienced leadership development consultants. They will also participate in a series of structured seminars and workshops and have the unique opportunity to network with other like-minded individuals.



**Bob Brown**



**Margaret O'Hagan**

Sir Ian Carruthers OBE, Chief Executive of the South West Strategic Health Authority and Patron of the Leadership Fellows award scheme said, "The future of our health service relies on the investment we make today in developing effective, confident and inspirational leaders of tomorrow. The Health Foundation, through its Leadership Fellows award scheme, is making a vital contribution to this. All 16 Leadership Fellows are skilled, motivated professionals who have displayed impressive leadership potential and a dedication to improving the quality of service delivered to patients. I am sure they will benefit from this excellent award scheme."

Jan Walmsley, Assistant Director at The Health Foundation commented, "This is the third round of our successful Leadership Fellows award scheme and we are delighted, once again, to be able to offer our support to another 16

exceptionally talented healthcare professionals. I am confident that Bob, Margaret and our fourteen other award winners have both the ability and the ambition to become leading figures in improving the quality of healthcare across the UK."

For more information about The Health Foundation Leadership Fellows award scheme and award winners visit the Foundation's website at [www.health.org.uk](http://www.health.org.uk)

# CNO Conference - Looking to the Future

**On 15 November 2006 the Chief Nursing Officer hosted the first annual CNO conference - *Looking to the Future* in the Stormont Hotel, Belfast. The conference was well attended with over 150 delegates representing nursing and midwifery from both education and practice.**

The programme was diverse and the presenters, nurses and non-nurses came from the broader healthcare community in Northern Ireland, Wales and England. All presentations had an eclectic and futuristic theme and clearly demonstrated the value and place of nursing and midwifery in shaping and leading current and future health & social care services.

Two of the presentations from the event, Reducing the Rate of Caesarian Section in Northern Ireland & Nurse Led Discharge, are reproduced in this edition of CNO news.

Andrew McCormick with speakers at the CNO conference. L-R Damien Martin, Robert Sowney, Prof Jean Orr, Andrew McCormick, Prof Morton Warner, Catherine McLaughlin.



Prof Morton Warner



CNO conference audience

## Childbirth – a natural process not a medical event to be managed

### **Zoe Boreland**

The majority of women have uncomplicated pregnancies, are fit and healthy themselves and have the potential to give birth normally without intervention with healthy newborns as the outcome. However statistically Northern Ireland has the highest caesarean section rate in the UK. Most of Europe has a

rate of 26% and local variation within Northern Ireland ranging from 15%-35%. The rate in England is 22%; Scandinavia is 15%.

### **Why do we need to promote normal birth?**

Women are now looking for more from childbirth than a healthy baby. They want to feel

in control of the process and claim back their right to decide how best to go through this normal physiological process, to experience a birth not “be delivered”.

Through the information provided by confidential enquiries into maternal and child deaths, we can see that

caesarean section is a key risk factor both in mortality and morbidity as it is four times more dangerous than a normal birth with risks of infection, haemorrhage, blood clotting and bladder/bowel damage.

Traditionally it takes a minimum of 4.5 years to train a midwife and even with direct entry midwifery now available in Northern Ireland, this takes 3 years. This training gives them the skills and knowledge to support women achieve normal birth but sadly on a day to day basis in many of our maternity units they spend their day caring for women having caesarean sections or epidurals. The role of the midwife has been eroding over the past 50 years as childbirth has been medicalised.

Lastly there is the cost associated with the rising caesarean section rate. In 2002 the audit commission in England calculated that a 1% rise in the caesarean section rate was costing the tax payer an additional £5million a year. This higher cost is due to more hospital admissions, higher pharmacy costs, greater length



Lynn Young, Martin Bradley, Zoe Boreland

of stay and also long-term health issues associated with caesarean section.

Success has been achieved in one local maternity unit without the need for major investment.

#### Target areas

- Working in partnership with women.
- Routine antenatal care for low risk women.
- Induction of labour.
- Vaginal birth after caesarean section.
- Management of breech presentations.

#### Key Actions

- A multi-disciplinary approach to women-centred care with

a strong non-interventionalist ethos.

- A multi-disciplinary adherence to NICE guidelines for antenatal and intranatal care and induction of labour, especially restricting routine ultrasonic scanning and using tape measures instead.
- Promoting normality within new evidenced based protocols and guidelines to support change in practice.
- One-to-one midwifery care in labour.
- Practice development midwife facilitating awareness sessions and providing practitioners with the skills and knowledge to be truly autonomous.
- Consultant obstetrician and senior midwife leaders on labour ward proactively supporting the midwives in delivery of care.
- Outcomes/morbidity transfer rates constantly audited.
- Strong leadership and support from the Senior clinical team.

With this support and a multi-professional commitment, change can evolve without compromising safety; intervention and caesarean section should not be the first choice – they should be the last.

# Nurse Led Discharge

Mrs Linda Patton, Sr. Mary Neeson, Sr. Diane Russell

## Introduction

United Hospitals Trust initiated nurse led discharge in August 2005. The aim of the initiative was to ensure that patients are discharged from hospital at the most appropriate time and thus improve the patient experience from admission to discharge.

It was recognised that through the introduction of Nurse Led Discharge a number of improvements to the patient journey could be achieved. These included making the discharge decision before the day of discharge and ensuring timely completion of the discharge plan to enable the patient to go home earlier in the day in a more planned way. There was also the potential to increase the number of patients being discharged appropriately at the weekends rather than having to stay in hospital until seen by Consultant Medical Staff on a Monday morning. The anticipated net result of this was an improvement in patient flows throughout the hospital and a reduction in long delays in the Accident and Emergency Department for acutely ill patients requiring admission to a hospital bed.

In introducing the concept of Nurse Led Discharge it was recognised that there was a need for a standardised, consistent approach across the Trust and one that had the support of Consultant Medical Staff. Key to the implementation of the Nurse Led Discharge scheme was the development of a multi-disciplinary discharge

planner on which the patient's date of discharge was recorded within 24 hours of admission.

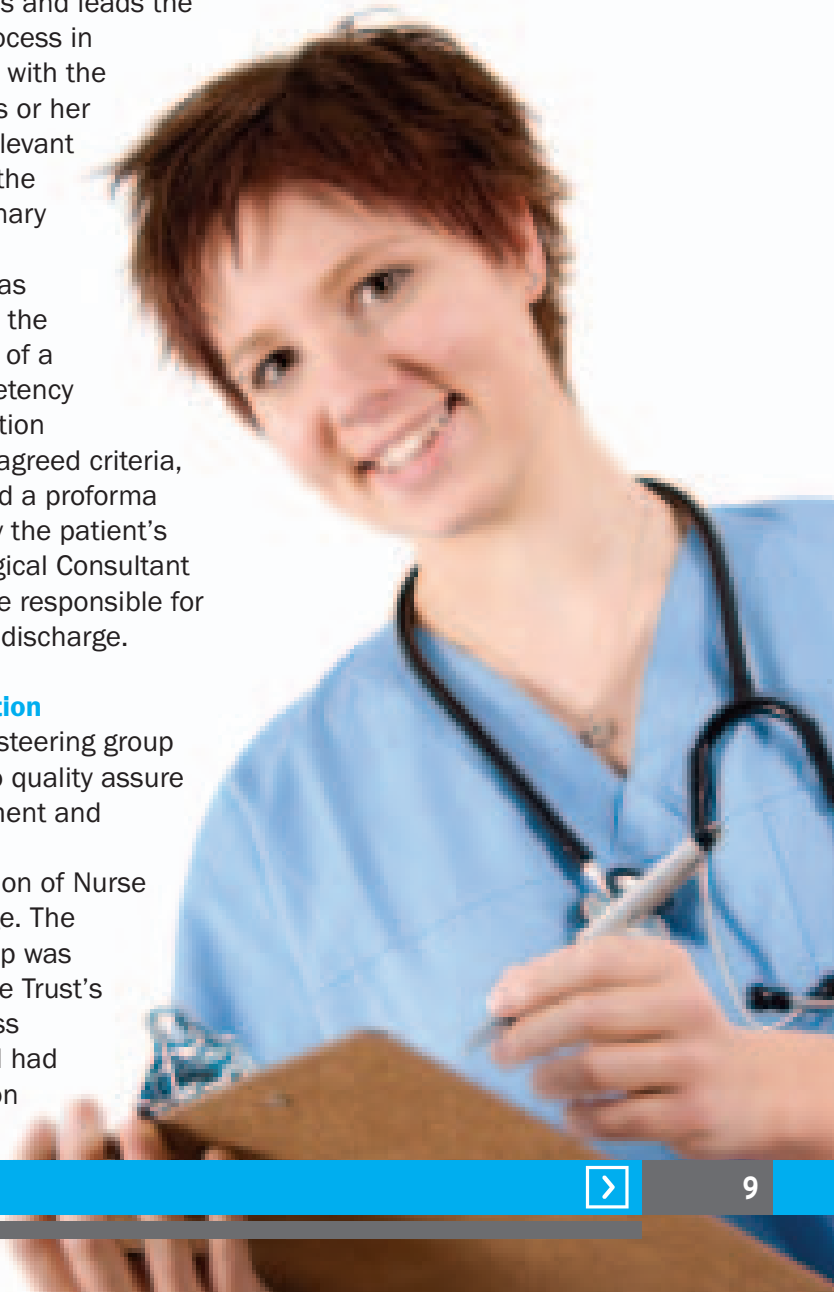
### Philosophy

The philosophy underpinning nurse led discharge is that the nurse initiates and leads the discharge process in collaboration with the individual, his or her family and relevant members of the multi-disciplinary team. This philosophy was supported by the development of a robust competency based education programme, agreed criteria, protocols, and a proforma completed by the patient's Medical/Surgical Consultant and the nurse responsible for initiating the discharge.

### Implementation

A Trust wide steering group was set up to quality assure the development and oversee the implementation of Nurse Led Discharge. The steering group was chaired by the Trust's Patient Access Manager and had representation

from Medical and Surgical Consultant Medical Staff, Ward Managers and Senior Nurses. Two Ward Managers from a medical and surgical ward led the implementation of the project. As part of their





Sr Mary Neeson, Andrew McCormick, Sr Linda Patton, Sr Diane Russell

preparation they carried out an in-depth literature review and a visit to an early implementer site in Manchester. They also attended a Nurse Led Discharge conference and networked with other units in the United Kingdom who were implementing Nurse Led Discharge. The two Ward Managers developed a training programme in partnership with Educare Nurse Education Consultants. A three month pilot study ran from the beginning of August 2005 until the end of October 2005 with an interim stakeholder meeting at the six week point to facilitate early identification of issues and permit adjustments that could be monitored over the remaining pilot period.

#### **Outcomes**

During the pilot period in 2005, 10% of all discharges were

nurse led. In August 2006 an unannounced audit of expected date of discharge recording, showed 71% concordance. This was a dramatic improvement from the 20% recording in September 2004. In December 2006 medical patients appropriately discharged at the weekend increased by 4% when compared to December 2005. Patient discharges on the surgical wards increased by 14% during same the period. Furthermore, there was clear evidence that the improvement in the timeliness of patient discharge had resulted in patients being admitted to beds earlier in the day and spending less time in the Accident and Emergency Department.

A recent study in 2006 of nurse led discharges in a surgical ward demonstrated that 20% of simple discharges were nurse

led, all patients on the initiative; had an expected date of discharge recorded - 79% of which were achieved. The study also highlighted that 73.7% of nurse led discharges on the ward occurred before 2pm. United Hospitals Trust continues to track individual patients and plans to audit Nurse Led Discharge in all general adult wards in March 2007. The overwhelming achievement of the implementation of Nurse Led Discharge has been a dramatic change in the discharge culture, which undoubtedly has resulted in an improved experience for patients, both those being discharged from hospital and those awaiting admission from the Accident and Emergency Department.

## Launch of White Paper

Following consultations on the reviews of professional regulation, the Department of Health has put forward a White Paper on Professional Regulation entitled: 'Trust, Assurance and Safety – The Regulation of Health

Professionals in the 21st Century'. This summaries the recommendations arising from the Donaldson review: 'Good Doctors, Safer Patients' and the Foster review: 'The Regulation of the Non-Medical Healthcare Professions'. Implementation of recommendations contained within the White Paper will be taken forward on a UK wide basis. The regulatory body for nursing and midwifery: the Nursing and Midwifery Council (NMC), has welcomed this publication. NMC Chief

Executive and Registrar, Sarah Thewlis, states "We are pleased that the Government has listened to the NMC's concerns, particularly the recommendation that the NMC should retain responsibility for adjudication. We also welcome the fact that we now have a direction of travel that will enable us to press ahead with a new register for advanced nurse practitioners. This is vital for protection of the public and has been keenly awaited by the professions."

REF: [www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

### **NMC standards to support learning and assessment in practice**

Chief Nursing Officer, Martin Bradley has commissioned NIPEC to take forward the facilitation of a regional approach to the implementation of the NMC standards to

support learning and assessment in practice. A project group is being established to take forward issues such as mapping of current mentors to new standards, regional approach to the development of database to record mentors, sign off mentors and practice teachers, and mentorship training programmes. Further information will be available from the NIPEC website [www.nipec.n-i.nhs.uk](http://www.nipec.n-i.nhs.uk)

### **NMC Consultation**

NMC visited Belfast on 2nd March 2007 to share their work on Essential Skills Clusters, answer questions on the new Standards to Support Learning and Assessment in Practice and to consult through a focus group on the issue of entry requirements for pre-registration nursing programmes. The morning provoked a lively debate around queries arising from the new mentorship standards with Northern Ireland fielding a wide range of questions. The afternoon allowed participants to pass on their views on how best to select applicants and on the importance of measuring literacy, numeracy and values.

Further consultation will take place in Belfast in late March on the revision of the Code of professional conduct: standards for conduct performance and ethics.

Further information is available on the NMC website at [www.nmc-uk.org](http://www.nmc-uk.org)

# Modernising Nursing Careers

## **N.I. Workshop**

Northern Ireland held its first in a series of workshops aimed at facilitating discussion around the 11 work streams being taken forward under Modernising Nursing Careers. The workshop was well attended with representatives from education providers, acute and community Trusts, professional bodies, unions and NIPEC. Key points were fed back

to the Modernising Nursing Careers coalition on 14th February. The second workshop is planned for early summer.

## **Education Summit**

A UK wide workshop was held on 13th February at Great Ormond Street Hospital in London. Six participants from Northern Ireland took part in the debate on: pre-registration education; specialist and advanced practice and clinical academic roles. Discussion topics included: nursing as an all graduate profession; the need for review of branch programmes and roles for support workers and assistants. Further workshops on Nurse Educator roles and Specialist / Advanced Practice are planned for Spring 2007 and each of the 4 UK countries will have places allocated to them.

## **Information on leading and co-ordinating care**

Northern Ireland is taking the lead on this particular work stream. The changing healthcare needs of patients and clients are providing new environments within which nurses must lead and coordinate care. This demands that nurses expand both their competence and confidence to lead and manage within a range of settings. The following key areas are being considered and will require further

discussion on possible strategies that will have the most impact.

## **Leading Care within uni-disciplinary teams**

Developing the leadership and managerial skills required to co-ordinate care within nurse led teams. This links with frameworks currently in use such as NHS leadership qualities framework, Skills for Health competencies for leadership and the Knowledge and Skills Framework.

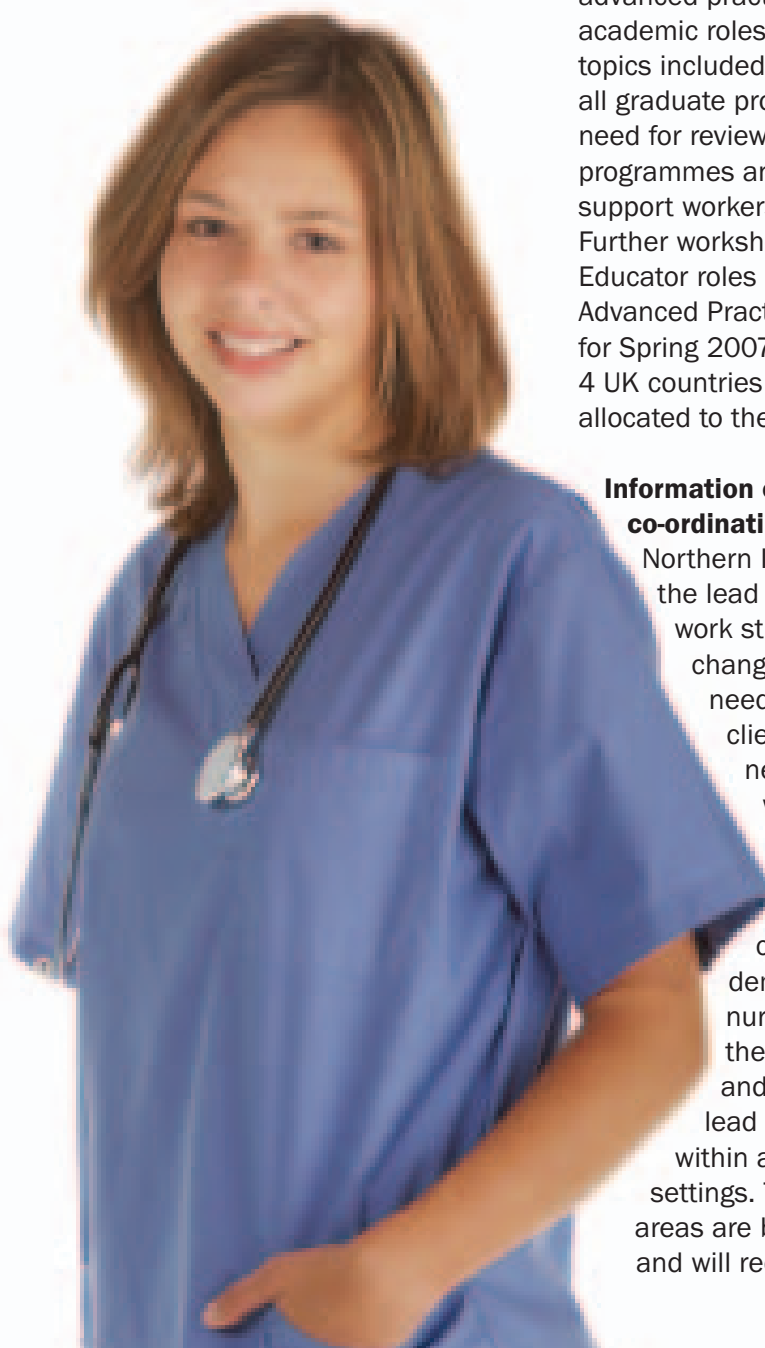
## **Leading and co-ordinating care within multi-disciplinary teams**

Developing the leadership and managerial skills and competencies required to work within multi-disciplinary teams. This includes instilling the confidence to manage complex situations for the benefit of patients.

## **Relationships with nursing assistants - delegation of care**

The transfer of authority to perform specific nursing tasks with the nurse retaining accountability for the delegated intervention. This links with work being taken forward in Scotland on the Regulation of the Healthcare Support Worker. Indications are that Nursing and Midwifery Council will take forward the issue of delegation of care under the review of the Code of Professional Conduct.

For further information on Modernising Nursing Careers contact Kathy Fodey at [kathy.fodey@dhsspsni.gov.uk](mailto:kathy.fodey@dhsspsni.gov.uk)



# New telephone helpline launched for people with cancer in Northern Ireland



Martin Bradley launches cancer helpline

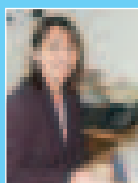
A new telephone helpline for people with cancer in Northern Ireland has been launched by the Ulster Cancer Foundation. Run in association with Belfast City Hospital, the helpline is staffed by specialist cancer nurses and offers advice, guidance and support. Speaking at the launch, Martin Bradley, Chief Nursing Officer at the Department of Health, Social Services and Public Safety, said: 'This service will improve the availability of good quality information to all.'

**The helpline is available from 9am to 5pm Monday to Friday, and until 8pm on Tuesdays, on 0800 783 3339 or via email at [infocis@ulstercancer.org](mailto:infocis@ulstercancer.org)**



# New Healthcare Planners in Health Estates

Sandra Aitcheson, Jemima Keyes and Mary McElroy have recently joined Health Estates as healthcare planners.

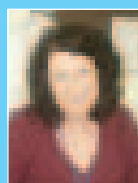


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**Pictures Anna Morrison**

## Ulster Cancer Foundation Annual Lecture

**12 December 2006, University of Ulster, Jordanstown**

*L-R Prof Richard Barnett, Vice Chancellor University of Ulster; Prof Patrick Johnston, UCF Chair in oncology; Prof Martin Bradley, Chief Nursing Officer; DHSSPS; Arlene Spiers, Chief Executive UCF; Prof Roy Spence, Chairman UCF,*



*Prof Hugh McKenna, Dean of the Faculty of Life and Health Sciences, University of Ulster.*

Martin Bradley attended the Ulster Cancer Foundations annual lecture on 12 December

2006, at the University of Ulster, Jordanstown. The lecture given by Professor Patrick Johnston was entitled 'Cancer Medicine; the challenges of the molecular age.'



**Martin Bradley and Marla Salmon, Emory University, Lillian Carter Center for International Nursing, debate the salient issues arising at the Global Government Health Partners conference.**

# Recent Publications

## Improving Patients' Access to Medicines:

### A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the HPSS in Northern Ireland.

Legislative changes have now been made to expand Nurse Prescribing and introduce Independent Pharmacist Prescribing in Northern Ireland.

The changes now mean that qualified Nurse Independent Prescribers and Pharmacist Independent Prescribers can prescribe any licensed medicine for any medical condition, within their competence, including for nurses, some controlled drugs.

The Guide to Implementing Nurse and Pharmacist Independent Prescribing within the HPSS in Northern Ireland has been developed to support the introduction of this initiative which will significantly improve the accessibility of medicines to patients. It should also be used to support the development of local implementation plans, training programmes, and governance frameworks in the context of modernisation and reform of services.

Copies of the published document have been delivered to Boards, Trusts, Pharmacies and GP surgeries. As changes to practice continue to evolve and develop, users should also refer to the most recent DHSSPS circulars and / or professional updates and guidance in the future.

The introduction of this initiative is commended to you and is an opportunity to continue to develop innovative models of care which improve health, reduce inequalities, facilitate accessibility to services and are responsive to need at local level.

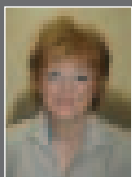
If you would like further information on the guidance please contact either: Mrs Angela McLernon **tel:** 028 9052 0794, **email:** [angela.mclernon@dhsspsni.gov.uk](mailto:angela.mclernon@dhsspsni.gov.uk) or Mrs Cathy Harrison at **tel:** 028 9052 3236, **email:** [cathy.harrison@dhsspsni.gov.uk](mailto:cathy.harrison@dhsspsni.gov.uk)

The guidance is available at  
[http://www.dhsspsni.gov.uk/improving\\_patients\\_access\\_to\\_medicines\\_-\\_december\\_2006.pdf](http://www.dhsspsni.gov.uk/improving_patients_access_to_medicines_-_december_2006.pdf)



# Contacts

## Nursing Officers

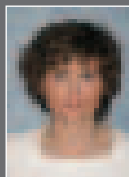


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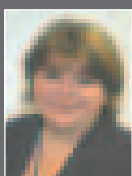


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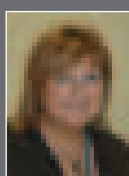


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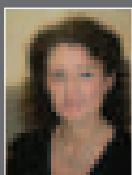


**Dorothy Patterson**

Nursing officer responsible for on all matters relating to midwifery services.

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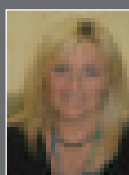


**Moira Davren**

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**Shirley Montgomery**

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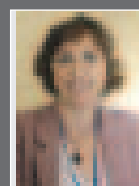
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## Administrative team

L-R Russell Millar, Olive Smith, Michael Best, Bernie Brennan, Jayne McCrory and Stephen Davis.



## Business and Contracts Manager



**Bernadette Gribben**

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## CNO Newsletter

### Editorial Team

Olive Smith, Margaret O'Hagan

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