National Institute for Clinical Excellence guidelines herald expansion of nurses' role

Protocols pave the way for more nurse referrals

By Nick Lipley

IMMINENT NATIONAL protocols on when and where to refer patients are expected to pave the way for a further expansion of nurses' roles.

The protocols from the National Institute for Clinical Excellence (NICE) cover more than ten areas (see box) and are due to be published by the end of next month.

The aim of the protocols, drawn up at the request of the English health department and the Welsh Assembly, is to clarify which patients should be referred to specialist services.

They will follow protocols dealing with cancer referrals, which were published last week by the health department and came into effect this week.

They form part of the government drive to ensure no one suspected of having cancer waits more than two weeks for a specialist appointment.

The National Institute for Clinical Excellence is to publish referral protocols on:

- Atopic eczema in children
- Acne
- Psoriasis
- Acute low back pain
- Osteoarthritis of the hip
- Osteoarthritis of the knee
- Persistent otitis media with effusion (glue ear) in children
- Recurrent episodes of acute sore throat in children aged up to 15
- Varicose veins
- Lower urinary tract symptoms ('prostatism') in men
- Menorrhagia

Following referral. Details of the NICE protocols were outlined last week by the institute's head of guidelines and audit, David Pink, at a London conference on waiting times.

He suggested that the protocols would allow primary care nurses to be more confident in arguing for an expansion of their roles in referring patients and advising on patient management.

The role of nurses in specialist treatment settings would be specified more clearly as the protocols would clarify where patients should be referred, he added.

RCN primary care policy adviser Mark Jones welcomed the guidelines: 'It gives nurses the tools they need to decide whether they should care for patients themselves or refer on.'

Patient choice cuts non-attendance

AGREEING MUTUALLY acceptable hospital appointments with patients can increase theatre throughput by 50 per cent, an evaluation of units that are piloting the system will reveal.

Appointment booking systems that give patients a choice of times also result in a significant drop in non-attendance rates, the researchers have found. Results of the evaluation of the first 24 pilot sites are due to be published by the health services management centre at Birmingham University this summer.

But medical sociologist Philip Meredith revealed last week at a London conference on waiting times that overall the scheme had proved successful. There was 'more effective use of theatre time across the pilots', he said, with the number of procedures being carried out in a half day rising, typically from four to six.

He said: 'The message is very positive - there's no going back.'

A further 60 trusts are now piloting the system.

Abuse claims to be investigated

THE RCN has welcomed an announcement by the Commission for Health Improvement (CHI) that it is to investigate North Lakeland Healthcare NHS Trust as its first assignment.

Health secretary Alan Milburn called on CHI to investigate the Cumbrian trust following allegations that nursing staff abused patients.

Claims levelled against staff include the restraint of a patient by tying him to a commode, feeding patients while they were on the toilet and withholding normal food.

RCN regional officer Martin O'Neill said: 'We are concerned that matters don't seem to have been resolved and pleased that things are happening to get the situation back to normal.'