Delay in training is ‘dispiriting’

WOULD-BE NURSES are waiting up to 18 months to start training, according to figures from the University of Wales, Swansea.

The statistics follow RCN demands that a Welsh Assembly pledge made last month to fund an extra 265 nurse training places must be repeated year on year until at least 2005.

Wales' chief nursing officer, Rosemary Kennedy, admitted the wait must be ‘dispiriting’. She told Nursing Standard that potential nurses were likely to ‘go off and catch another bus’.

The head of the University of Glamorgan’s school of care sciences, Donna Mead, suggested the long waits were caused by a lack of clinical placements rather than a lack of training places.

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ICUs urged to improve records

MANY HARD-PUSHED intensive care units are not as efficient as they could be because their record keeping is not up to scratch, a leading nurse researcher has discovered.

ICU clinical team manager Audrey Warden is urging hospitals to improve record keeping in areas such as bed occupancy and patient dependency, enabling comparisons with mathematical models of efficiency.

Ms Warden was part of a research team that found death rates were 16 per cent higher than anticipated in the ICU at Ninewells Hospital, Dundee, between 1992 and 1995.

The study also revealed that patients were twice as likely to die if the ICU was overstretched, compared with times when workload was low.

‘It’s extremely important that certain data is collected,’ said Ms Warden, a former senior charge nurse. ‘In busy wards it isn’t always as good as it should be.’

A spokesperson for Tayside University Hospitals NHS Trust, which manages Ninewells Hospital, said: ‘The quality of care at Ninewells ICU is comparable to similar centres in the country.’

The hospital now has 50 full-time nurses for seven ICU beds, compared to 33 nurses in 1992, she said.

New figures show number of nurses dropped, while caseload jumped 62 per cent

Double whoammy forces NHS staff to work harder

By Anna Minton

SHARPLY RISING caseloads and the crisis in nurse recruitment and retention have combined to form a double whoammy for nurses, according to new figures from the Office of Health Economics (OHE).

In the decade 1988-1998, the number of NHS nursing and midwifery staff fell by 13 per cent, while over the same period the caseload for this group increased by 62 per cent.

The problem is particularly acute in England and Wales, which have only 772 nurses per 100,000 of the population compared to 872 in Scotland and 1,090 in Northern Ireland.

Consequently, the average nurse in England and Wales had to deal with 34 finished consultant episodes in 1998 compared to 22 in Scotland and 18 in Northern Ireland.

OHE director Adrian Towse said: ‘The extent to which the shortage of nurses will be a problem will depend on how much activity the government intends to put through the NHS.’

In the short term, the drive to cut waiting lists is likely to increase activity and workloads for nurses, he said.

But he added that in the long term, changing patterns of care, shifting people out of the acute hospital sector and into a primary care setting, could see NHS activity decline.

John Stock, RCN senior researcher in employment relations, said the figures confirmed that nurses were working much harder. ‘Workloads can’t go on rising inexorably, but the situation won’t get better unless more nursing staff are recruited,’ he said.

The research also revealed that the UK remains one of the lowest spenders on healthcare among the major industrialised nations. The UK allocated 6.8 per cent GDP to health compared with 14 per cent in the US and 10 per cent in Germany. Once again, England fared particularly badly, with NHS expenditure at 5.6 per cent of GDP compared to more than 7 per cent in Wales and Scotland and nearly 10 per cent in Northern Ireland.

MPs consider gloves warning

EIGHTEEN MPs have so far signed up to a motion warning that the use of powdered latex gloves can lead to chronic and even fatal illness for sufferers of latex allergy.

The RCN has helped draft an early day motion in the House of Commons calling on the NHS Logistics Authority to exclude all powdered latex gloves from its next catalogue.

It also recommends that the Medical Devices Agency publish guidelines on the clear labelling of products containing natural rubber latex.

An allergic reaction to natural rubber latex can range from a mild red rash to chronic breathing and skin problems and, in extreme cases, anaphylactic shock.

Better record keeping could help improve efficiency in ICU