Scepticism won't help patients, partnership will

I wonder if Jean Bailey was speaking in a personal capacity or with her RCN hat on when she expressed scepticism about the concordat between the government and the Independent Healthcare Association (News November 8). She was speaking about the concordat — allowing the use of private facilities for NHS patients — even before the agreement has had an opportunity to prove itself.

While it is at least encouraging that she welcomes the agreement as one that enables more people to receive the treatment they need faster, the driving principle behind the concordat is partnership — and that means NHS and independent sector staff working in tandem for the overriding benefit of NHS patients.

Around 25 per cent of RCN members work outside of the NHS. For the concordat to succeed demands the willingness of all parties.

Blinkered attitudes will not serve NHS patients well during this winter and beyond.

Sally Taber
London

Not the response we need to head lice concerns

While ‘nit nurse’ may be an unfortunate choice of words (Letters November 1), I would have expected a more sympathetic and far-reaching response from one nursing colleague addressing another.

Rosalyn Spilling, the nurse who supported her daughter writing to the prime minister for the return of the ‘nit-nurse’ (Letters October 25) was evidently very concerned at what is an increasing problem among children.

As a parent of school age children and an RN involved in the care of children, I have observed that the ‘factual information, advice and support’ that is given to parents and children by school nurses is not as effective as it could be. The distress caused by these ‘unwanted visitors’ is marked, possibly just as marked as any distress caused by mass screening.

While accepting that the return of mass head inspections might not be the way forward in reducing head lice infestation, the need still remains for a more effective way. I would suggest that responding to letters from concerned parents with a stinging rebuke for offending one’s professional status is not the way.

David Drabble
Sheffield

Anything to add on sexual health for older women?

I would like information about ‘good practice’ developments in the sexual health of older women.

I am undertaking a literature review on sexuality and the older woman. Examples of good practice might include nurses thinking about the implications for their patients’ sexual health following hospital treatment (such as a hip replacement), or it might involve nurses who are attached to general practice taking a particular interest in the sexual health interests of older patients.

All replies will be acknowledged and referenced in our final report.

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Time to reconsider affiliation to the TUC

Now that the issue of extended RCN membership is settled, I believe it is timely to reconsider affiliation to the TUC.

I do hope that an RCN entity will submit an appropriate motion for debate at the 2001 RCN Congress in Harrogate.

Meanwhile our RCN Scottish Board, with its newly devolved powers, might like to seize the opportunity to initiate exploratory discussions with the Scottish TUC on behalf of the RCN members in Scotland.

James Smith
Fochabers

Don’t forsake the chapels for multi-faith sanctuaries

Thank you for the article ‘Take Sanctuary’ (Perspectives October 11). I agree, as a Christian, that the spiritual aspect of care goes largely unnoticed or receives only token acknowledgement in most modern hospitals.

The need to reinvigorate hospital chapels goes without saying. Often they are out of the way, centuries old and not in keeping with modern Christian worship or spirituality.

As a professional nurse, I do and will help to provide for the spiritual needs of those who require it, whatever their faith.

But I was horrified at the thought of Christian chapels being turned into multi-faith sanctuaries.

Yes, provide space for other faiths to seek sanctuary, but don’t turn the chapels into multi-faith havens.

Ray Hewitt
By email