We welcome all readers’ letters but reserve the right to edit them, and withhold names and addresses or both. Please keep to a maximum of 150 words. Write to The Editor (Letters), Nursing Standard, Nursing Standard House, 17-19 Peterborough Road, Harrow, Middlesex HA1 2AX. Please include your address and a daytime telephone number. You can also email us at: nursing.standard@rcn.org.uk

Nursing homes are for residents, not patients

While I agree that older people in nursing homes require nursing care, they are not necessarily in the home because they are ‘ill’ and should not be labelled as ‘patients’, as suggested by Margaret Harrison (Letters January 10).

They often have complex physical and social needs, which are addressed by registered nurses and trained care assistants who have developed effective skills in caring for older people.

A nursing home is just that – a home – and people should be encouraged to live their lives to the full with help where required. Those who enter a nursing home are assessed as requiring nursing care, but we must also consider the wider aspect of their needs and wishes.

Bridget Penney
London

Don’t tar all specialists with the same brush

As a clinical nurse specialist (CNS), I was concerned to see the headline ‘Specialist nurses deskilf profession’ (News January 17). I feel disappointed that all specialists have been tarred with the same brush.

In my role as an infection control nurse, I do not carry out infection control, I support all sorts of healthcare workers as they carry out infection control. My colleagues and I spend a phenomenal amount of time sharing our knowledge with practitioners. What’s the point of having knowledge if you’re going to keep it all to yourself?

The team I lead runs short courses on infection control for RNs and contributes to the education and training of many other groups of staff. We also offer RNs the opportunity to work with us, to appreciate the breadth of the specialty, to see infection control principles applied in a wide variety of settings and undertake a project relevant to their work.

It is a lot of work for us, but the rewards are worth it – keen, knowledgeable staff who spread the infection control ‘gospel’ across five trusts. I agree with Kim Manley that it’s up to us to clarify how we can help general nurses. This team is working hard to do just that.

Lauren Tew
Bath

When will responsibility mean better pay?

I recently left a local hospital that employed some of its staff on trust contracts.

I left a job that I enjoyed and a team of nurses that was personally and professionally supportive. Why?

Because I was unhappy working with newly qualified and recently promoted staff who earned considerably more than me but had less than half my experience.

I do not begrudge those people their hard-earned cash, but I refused to continue taking that level of responsibility and not being properly remunerated for it.

I have since found a new post where pay and levels of responsibility are fairly matched, where work colleagues are personally and professionally supportive and where I will automatically receive the appropriate pay increase this year.

I do spare a thought, though, for those I have left behind, those who will not receive the pay award until it has been negotiated and who may not receive it for months to come; those who remain underpaid for the responsibility they take and skills they have, and for nurses everywhere who are involved in the trust contract pay scandal.

It is time we were paid fairly.

Jayne Scife
Harrogate

Correction

With reference to ‘Full marks for effort’ (Features January 10), the Department of Health has asked us to point out that it has no firm timetable for its definitive continuing professional development framework document.