Don’t assume all nursing home residents are old

May I please remind Nursing Standard readers and contributors that not all nursing home residents are elderly (Letters and Art&Science January 24).

The nursing home I work in is registered for clients from age 16 upwards. We care for clients with, for example, neurological conditions or acquired brain injury. All published articles and letters relating to nursing homes appear to presuppose that clients are elderly.

The care required by our clients is complex and diverse and our staff are highly skilled and experienced. I would like to see this acknowledged in Nursing Standard in the future.

Helen Eady
By email

Private health care is all about money, not patients

I read the first two responses in ‘A private matter’ (Perspectives January 10) with disbelief.

Christopher Humm talks of NHS patients ‘fortunate enough’ to receive private treatment. How do we know this is true, since the private sector is not included in hospital league tables?

The wards may appear better superficially, but many have no ITU, so when things go wrong patients are dumped on the NHS. Also, wards tend not to be specialised so it is hard for nurses to develop and maintain specialist skills.

The private sector’s main aim is to make a profit and it will do this at the expense of the NHS.

Mr Humm also maintains that the UK spends less on health care than many comparable countries. Such comparisons are difficult to make, as few other countries have a state-funded system.

Care is limited to what people can pay, whereas the NHS addresses all.

Jane Scullion says the private sector has no bed-blocking because it doesn’t provide respite or care for those in prolonged recovery. What happens to the patients who do need it?

Karen Chilver
Worcester

Leadership programme does make a difference

I was sorry to read Alison Tong’s negative comments on the national nursing leadership programme and specifically the Leading Empowered Organisations (LEO) programme (News January 24).

I am the ‘leading light’ for the London region and a member of the national steering group. I have used LEO for many years and know what a great difference it can make to the way in which nurses lead their teams. I don’t have specific responsibility for Ms Tong’s region, but I do know how hard we have all worked to ensure the project is tailored to the needs of individual organisations.

Janet Shepherd raised concerns that LEO participants need to be supported when they return from their programmes. We have recently written to every trust in our region asking them to nominate a senior nurse to support individuals who have completed LEO. They will help them incorporate the skills they have developed into their practice.

The London region steering group is in no doubt of the commitment required to deliver this programme and offer all G grades (or equivalent) an opportunity to develop their skills. But we also recognise what a fantastic opportunity we have before us and all our nurses have a part to play in this project.

I really do hope that nurses throughout England will come together to make the most of this opportunity.

Dickon Weir-Hughes
London

Nurse partnership to help people with ME

We read with interest Clare Francis’s comments (Perspectives January 10) about the problems people with ME and their carers face obtaining information and support.

We are a two-nurse partnership specialising in ME and run a community-based outreach service. We offer support and information on best practice to people with ME, their carers and other health professionals, and run regular workshops.

A great deal of the damage caused by mismanagement of the symptoms of ME can be alleviated by early intervention, with correct guidance. People can be empowered to manage their condition appropriately with a greater understanding, preventing further deterioration and lifelong disability.

Our service is funded by the National Lottery Charities Board.

Colette Payne and Gill Walsh
Derbyshire

Foreign appointment is a vote of no confidence in UK nurses

I find the RCN’s decision to appoint a US nurse as general secretary, a top UK leadership position, difficult to fathom.

The party line is one of great pride that the RCN can attract a candidate of such high quality. Indeed, the qualities and qualifications of Beverly Malone are not questioned. But the real message given by this appointment is a vote of no confidence in UK nursing leadership.

It also suggests that the ideology of UK nursing, the health and political infrastructure in which it functions, are in some way similar to those in the US – arguably they are poles apart. Or perhaps the appointment is part of a larger reciprocal leadership arrangement with the US that we are not yet aware of. Of course this will be confirmed when we see Tony Blair campaigning to be the next president of the US – a ridiculous suggestion? I rest my case.

Robert Crouch
Romsey

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