Labour’s new map of Britain is geographically challenged

As an Essex nurse I was shocked to find that Essex is no longer in the south east of England. Nor is Kent or East Sussex. That’s right. Our government has decided that the cost-of-living allowance for nurses in the south east of England does not apply to those working and living in the three most geographically southeastern counties. Is this the map of Labour’s New Britain?

I have written to Alan Milburn to ask why we have been excluded, but have had no reply as yet. Is this because the postman cannot find Essex as it is no longer on the map?

In the House of Commons recently, Gisela Stuart MP explained the criteria for the payments under the staff market forces factor. This works by the evaluation of staff medical and dental costs, London weighting, non-pay issues (not specified) and capital. It appears that the government has taken the cost of recruiting and retaining medical (doctors) and dental staff as a leading factor, not how much it costs a nurse to live in a particular area. It is a shame to mislead the public into thinking that nurses living in high-cost areas are going to be given a hand. Some are and some are not.

Where I live property is slightly more expensive than in my parents’ hometown of Bedford where, I am pleased to say, nurses who recently cared for my mother will be getting the supplement.

I hope the next government will stop these gimmicky pay rises where only one group gets a large increase. It is about time that all nurses received a salary that reflects our professional status, helps recruitment and retention, rewards all grades for their efforts and prevents those who nurse in the expensive parts of the country from putting out the begging bowls to make ends meet.

Is it strange how ten years ago Essex man was the image of all that was wrong in the south east. Now Essex is somewhere else, Oxfordshire man doesn’t have the same ring to it.

Clive Mortimore
Essex

Women need information to make their own choices

I was very interested to read ‘Help for women with epilepsy’ about what was thought to be the country’s first pre-conception unit (News February 7).

However, advice on all aspects of epilepsy and pregnancy has been available as part of my nurse-led clinic since 1997. It is important to know about the implications of continuing on medication, but women also need to be informed of the risks and social implications of changing or withdrawing from medication. Uncontrolled epilepsy is also a risk.

Some types of epilepsy carry a very high incidence of seizures if medication is discontinued, and an individual would need to stop driving if medication is changed or discontinued.

We have found that offering this service has not greatly increased the number of women requesting advice. Though women are informed of the need for pre-pregnancy advice, very few act on it.

Some referrals come via GPs and most are from neurologists or the women themselves. To increase the number of women receiving pre-pregnancy advice we have found that it needs to be given when medication is introduced or changed. Women need to have as much information as possible to be able to make a fully informed choice.

Linda Baddeley
North Staffordshire

Being supernumerary served me very well

I would like to add to Rebecca O’Brien’s comments (Letters February 21) as I really agree with the sentiments of her letter.

After my first placement of four weeks, I found being supernumerary extremely beneficial to the overall learning experience. It allowed me to work and gain experience in various other parts of the care. I feel that I would have been unable to do this if I had been employed by the trust.

Members of the ward staff and all other members of the multidisciplinary team were more than prepared to support and teach me with unfailing and genuine enthusiasm.

Beverley Goose
Peterborough