Regulate health visiting as a separate profession

Since the 1960s it has been necessary to be a nurse to be a health visitor. The 1970s saw health visiting subsumed into the NHS and health visiting regulation handed to the UKCC.

The result of those actions is to close the profession to all but nurses, force health visitors to conform to a service focused on sickness and disease, and have the profession regulated by an organisation that has ignored it for 20 years.

The work of health visitors has not changed, only the issues. We work with whole populations challenging the conditions that cause disease and illness. We are as likely to be found working alongside colleagues in local government and voluntary settings as colleagues in the NHS.

Our education has been inadequate for some decades and it is time we were regulated as the separate profession we are, and educated and regulated to the real job of health visiting.

Mary Daly
Harrow

It’s a bit rich to side step your responsibilities

In response to ‘A blast from the past’ (Perspectives July 18), there is no simple explanation why standards of cleanliness have deteriorated. But perhaps lessons can be learned if we take note of the contributing factors: cost improvement programmes of the 1980s and 1990s; contracting out of cleaning services; rapid development of hierarchies of management, evolving technical care, and the fact that inpatients are now much older and subsequently more susceptible to pathogens that evolve faster than we can control them. Does the solution lie in the approach to nurse training and the promotion of multidisciplinary cleaning staff? I believe not.

The NHS has realised that any patient suffers a disability acquired from the centre that is supposed to provide care, and my sympathies are offered to Professor Caines’s mother. However, I think it is a bit rich of the former director of personnel for the NHS to have such tunnel vision and to denounce any responsibility that he may have had in his previous role by laying the blame on the soft targets of nurses and ward managers.

John Campbell
By email