**Specialist jobs may be axed**

SEVENTEEN SPECIALIST nurses are devastated because they may be among 200 staff who could lose their jobs through cuts at an Edinburgh trust, the RCN has said.

Lothian University Hospitals NHS Trust, which will soon open a privately funded 'super hospital', may shed jobs at six sites.

Unions claim the cost-cutting is down to financial constraints imposed by the private consortium that is funding the new hospital. But trust chief executive Allister Stewart insists it is to help claw back a £5.2 million trust overspend.

Talks to prevent the redundancies continue and staff could be redeployed, he said.

But RCN professional officer for Lothian and its borders Lynn Masson said: 'The nurses involved are devastated. In future, nurses will know there are no proper career pathways at the trust and this will affect recruitment.'

Other nurses at the trust have been redeployed in non-clinical posts, such as 'operation manager assistant', and now renal, cardiology and oncology specialist nurses fear their jobs are at risk, Ms Masson said.

Unison's Lothian health representative Tom Watson said the cuts would have a major impact on patient care.

**Fringe benefits**

Patients at Calderdale Royal Hospital in Halifax have been getting some extra attention from hairdressers after nurses invited them to make weekly visits. Hairdresser Margery Masters and nurse Jane Allen are pictured with with one of the patients.

**New demand for CPHVA meeting**

A GROUP of activists from the Community Practitioners' and Health Visitors' Association (CPHVA) is to issue a fresh demand for a special general meeting of the union to discuss whether health visiting should be a separate profession.

They are unhappy that their original request for a special meeting was rejected. Instead the CPHVA intends to hold an open forum in London on October 6.

The union's standing orders committee ruled that some of the 21 local centres who demanded the meeting had not complied with the union's rules. It said they had held inquorate meetings and failed to keep proper records.

'Nevertheless, the executive committee recognised that, as a democratic organisation, there was a demand for a full exchange of views on this sensitive issue,' said CPHVA director Jackie Carnell.

'It was felt the forum was the best method to hear grassroots opinion,' she said.

A spokesperson for the activists said a special general meeting would be able to change CPHVA policy, but an open forum would not. Their request for the meeting would be resubmitted, she said.

She added that there had been 'absolute outrage' among some activists that their demand for a special general meeting had been rejected.

**Funding for poorest nursing home residents still unclear**

124 consultant posts created

THE GOVERNMENT this week announced the creation of 124 new consultant nurse, midwife and health visitor posts in England.

The new posts will bring the total to more than 570, more than half way towards the target laid out in the NHS Plan, which promised 1,000 by 2004.

RCN general secretary Beverly Malone welcomed the posts, but said the nurses must be paid a salary 'that reflects their skills, experience and expertise'.

**By Paul Dinsdale**

It IS STILL unclear who will pay for the care given to poorer nursing home residents by healthcare assistants (HCAs), the RCN said this week.

The college fears the NHS and local authorities will claim that they are not able to pay for care provided by HCAs.

It said the NHS will point out that it is only obliged to pay for the care provided by a registered nurse, while local authorities are legally only allowed to provide personal care, such as help with dressing and washing.

An RCN spokesperson said: 'We are therefore concerned that there could be patients who fall through the gaps in provision. We are continuing discussions with the Department of Health to seek further clarification on this issue.'

Health minister Jacqui Smith had attempted to clarify the legal position by issuing a statement last week. But it makes no mention of what happens to residents who have been means-tested and told they should not have to pay towards their personal care, yet need care from an HCA, not a nurse.

The NHS is only obliged to pay for care provided by a registered nurse and local authorities are only allowed to provide personal care.

Meanwhile, details of how free nursing and personal care will work in Scotland from next April are expected shortly. The findings of the care development group, set up to advise the Scottish Executive on the issue, have been passed to ministers.

The report is believed to propose that older Scottish people who move south of the border to be nearer their families will have their nursing care costs met, whereas English people moving north of the border will not.

RCN head of policy in Scotland Pat Dawson said: 'If these proposals were implemented they would create further anomalies in the health-care system throughout Britain.'

■ The way nursing and residential care homes are inspected and regulated has come under fire from a leading academic. Writing in the British Medical Journal, Allyson Pollock, professor of health policy and health services at University College, London, said: 'There is a need for tougher regulation of the independent nursing home sector, because the most vulnerable people are being cared for by a workforce that is also vulnerable, because they are required to work long hours, with little representation.'