**CONSULTATION ON END-OF-LIFE CARE STANDARDS**

A set of draft standards for health professionals giving end-of-life care is expected to go out to consultation in the next few weeks.

The standards will cover care given in the home, residential care homes, acute, primary and community care settings.

Professional audits and surveys of bereaved relatives and carers will be carried out to monitor performance.

Claire Henry, national director of the government’s end-of-life care programme, outlined the plans at the RCN palliative care nursing forum conference in London last week.

She said it was essential patients and carers had the right support.

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**MAKE DEMENTIA SKILLS MANDATORY’**

Dementia training should be mandatory for all healthcare staff so that they can recognise possible symptoms and have a better understanding of patients’ needs.

This view emerged among responses to Department of Health consultation Transforming the Quality of Dementia Care, which closed last week.

In its response the RCN says:

‘Pre-registration should include more awareness of dementia, including addressing the myth that dementia is a normal part of ageing.’

June Andrews, director of the Dementia Services Development Centre at the University of Stirling, recommends mandatory training. She said there was a shocking ignorance about dementia: ‘Many nurses do not realise some people with dementia are of working age and have children.’

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**Declining productivity figures misrepresent nurses’ efforts**

The RCN has defended nurses’ productivity levels in the wake of statistics showing a drop in NHS efficiency every year since 2001.

Despite an increase in NHS funding and boosts to the number of nurses and doctors, figures published by the Office for National Statistics (ONS) last week revealed an average 2 per cent year-on-year decline in healthcare productivity from 2001 to 2005.

Productivity is measured by balancing healthcare inputs, such as pay and prices, with outputs – including the quantity and quality of care delivered.

**Quality of care**

However, the RCN cautioned against ONS putting too much emphasis on the definition. It pointed out that the measurement can wrongly judge that a nurse spending more time with one patient giving advice, listening, explaining drugs and treatments, was being unproductive. On the contrary, this was what patients want from nurses.

RCN head of policy Howard Catton said any notion that having more nurses and doctors on the wards was counter-productive was ‘simply not the case’.

‘There is a problem with staff being caught up in paperwork such as filing and chasing results’

‘But there is a problem with staff being able to do what they are employed to do and not being caught up in paperwork, such as filing and chasing results,’ he said.

‘We need ward clerks in hospitals so a nurse’s time is not taken up with admin, but with providing quality patient care.’

A Department of Health spokesperson said it was ‘notoriously difficult’ to measure healthcare productivity, which must ideally include quality of care and improvements in outcomes, not just treatment and operation numbers.

‘There are 280,000 more doctors, nurses and other essential staff working for the NHS than in 1997,’ he added.

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**Police custody used as place of safety for mentally ill people**

Police are detaining thousands of mentally ill people because of a lack of hospital facilities, a report shows.

In 2005/06, more than 11,500 people were kept in a police cell as a ‘place of safety’ under section 136 of the Mental Health Act – twice the number that were taken into hospital.

The Independent Police Complaints Commission report, Police Custody as a Place of Safety under the Mental Health Act 1983, found that the availability of alternative places of safety was vital.

In 2006, the Department of Health allocated £130 million for places of safety and to improve psychiatric intensive care units. Charities say new places of safety remain empty as trusts cannot afford to staff them.

RCN mental health adviser Ian Hulatt said agreements were needed between police, health and ambulance services to get people in need of care to the appropriate place of safety.