needs. After treatment at the local general hospital, residents often return with a new supply of their regular medication. We get a double supply of the patient’s drugs. Had the hospital staff liaised with us, we would have told them that this was not needed.

In addition, if analgesics have been prescribed – and they usually have – residents return with boxes and boxes of them. Most of this gets returned to the pharmacy to be destroyed.

Helen Price, by email

UNISON NURSE-TO-PATIENT RATIO CAMPAIGN MERITS OUR SUPPORT

Erin Dean writes that a Unison campaign due to be launched next month is likely to lobby for a ratio of one nurse to four patients (news May 18). This is a ratio that most nurses can only dream about.

I work nights and the current qualified nurse ratio on acute medical and surgical wards at my hospital is 1:15. There is one RGN for every 15 patients, some of whom are very ill or recently discharged to the wards from coronary care, high dependency or intensive care units. It has become normal practice for nurses on the wards to forgo their official breaks.

I hope other unions will be brave enough to fight for this.

Jill Stratton, by email

TESTING NURSES ON THEIR ENGLISH COMPREHENSION

Further to Andrew Makin’s letter (May 18) about healthcare staff needing a good standard of literacy, I took an English comprehension exam when I went to work in the United States.

Everyone who had qualified outside the US had to take this exam. It was a tough test, but it ensured nurses could communicate with patients and administer the correct treatment.

We need to ensure all the nurses working in the UK are qualified to provide the best care and that they are competent in English.

Monica Savage, by email

SEAMLESS END OF LIFE CARE IS EVERYONE’S RESPONSIBILITY

Nursing student Ebony Kunze (letters May 18) writes movingly about how she and her family were let down when plans for her grandmother’s end of life care at home unravelled over a bank holiday weekend.

I could not agree more with Ms Kunze when she points out that it is vital to have good community nursing co-ordination for end of life care at home, with effective communication between the regular service and out of hours teams.

Ms Kunze’s grandmother was left in pain for more than six hours before the community team arrived.

It is not as though bank holidays are sprung on us unexpectedly. The cover should have been seamless and organised well in advance. We all need to take personal responsibility.

It is time to stop passing the buck. We need to learn from instances where we have failed our patients.

Bridget Ryan, by email

CHAMPIONING THE NHS COULD BE THE BIG CHANCE FOR LIB DEMS

It is ironic that a government seeking to depoliticise the health service has become embroiled in a political row about the future of the NHS, and with it the future of the coalition government (editorial May 18).

I am no fan of Nick Clegg or the Lib Dem/Tory coalition, but it needs to be pointed out that the Liberal Democrats are the only major party in the UK not to have severely undermined the NHS in recent years.

Conservative politicians may believe that minor tweaking of the bill during the government’s ‘listening exercise’ will help steer it through parliament and restore their political reputations. But for the Lib Dems this could be their big chance – their opportunity to bounce back from recent setbacks.

The Lib Dems could secure their political recovery by becoming the true champions of the NHS.

Helen Andrew, Exeter

Obituary

Thelma Bamford
1923-2010
Nurse, midwife, health visitor and educator

Thelma Bamford, who has died aged 87, was a pioneer in health education who nursed in Canada as well as the UK. She also produced a pioneering health promotion film showing childbirth.

The daughter of the village sub-postmistress at Hough on the Hill, Lincolnshire, Thelma was part of a large family, with a half-brother 20 years her senior and older half-brothers and sisters in Canada. Her father died when she was one year old. Her mother remarried and moved to London, where Thelma went to Trinity Grammar School in Wood Green.

She undertook her general training at the Royal Surrey County Hospital, Guildford, from 1942 to 1945, nursing soldiers wounded in the D-Day landings. From 1947 to 1952 she nursed in Canada, becoming a Canadian registered nurse in 1949, and serving as superintendent in Kenora General Hospital, Ontario.

Returning to England, she became a midwifery student at the General Lying In Hospital, London. Thelma qualified as a health visitor at Nottingham University in 1954 and in 1968 started a diploma course in health education at London University.

As a health visitor she worked in Nottinghamshire, Manchester and Lincolnshire, before becoming the first health education officer in Enfield and then in Lambeth. A founder member of the Institute of Health Education, her film To Janet a Son was groundbreaking. An inveterate traveller, she was pleased to see the film being used, years later, in an African health centre.

Thelma donated her body to medical education.

Laurence Dopson is a freelance journalist