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Meeting between the Hellenic Regulatory Body for Nursing (ENE) and the Minister of Health of the Republic of Malta

The **Hellenic Regulatory Body for Nursing (ENE)**, an active ENC member, was received by the Vice-president of the Government of the Republic of Malta and **Minister for Health, Mr. Chris Fearne**, in the Maltese Embassy in Athens the 11th of this month of July. The meeting, requested by Minister Fearne who was in official visit in Greece, had the objective to exchange views on issues concerning EU health-related policies and to discuss the possibility of synergies with regard to the development of healthcare services amongst the two countries. Both parties found the discussions over fruitful and are looking forward to working together at **the level of Nursing know-how and research in the context of quality-based healthcare services for the citizens**. Mr. Fearne has underlined his wish to support of synergies with international organizations and other countries in order to strengthen the role of Nurses in all national health-care systems. **The Centre of Excellence on Professional Ethics, which is currently being developed in Malta with the support of the government, several organizations and Universities, and CEPLIS were also discussed**. ENE is participating in this project via ENC and CEPLIS.

Minister Chris Fearne with the Hellenic Nursing Delegation, last to the right, ENC Treasurer Mr. Lampros Bizas

Advanced nurse practitioners should have equality with junior docs, says British medical body

The following report is very interesting and in fact a way to go for us all! To be discussed in one of our coming meetings!

Advanced nurse practitioners should have an equal role in giving basic medical care as junior doctors, according to safe staffing guidance from the professional standards body for hospital doctors. The Royal College of Physicians has estimated the number of hours that clinicians need to be present in a particular situation and set out examples of the staff needed to work these hours. It said its new report – titled Guidance on safe medical staffing: report of a working party – was the first attempt to enumerate safe medical staffing limits anywhere in the world. Launching the report, RCP president Professor Dame Jane Dacre said that at a time of workforce shortages there needed to be an end to “cultural stereotypes” about what work doctors and nurses can do.

The document said it was “*no longer appropriate to refer to work being done only by specific grades of doctors*”.

Instead, the report suggested dividing clinical staff into three tiers. Tier 1 clinicians, which would include advanced nurse practitioners, were defined as being “*capable of making an initial assessment of a patient*”.

Tier 2 would include medical registrars and tier 3 would be expert clinicians who have overall responsibility for patient care.

The RCP report described how the tier model might be various hospital care settings. These included the medical assessment and admission team, the medical ward team, the weekend medical ward team, and the on-call team providing out-of-hours cover for inpatients with medical problems.

The RCP said using the guidance within the report would enable trusts to map their current staffing against recommended levels to ensure they were able to provide safe care.

Tier 1 staff in the medical assessment and admission team require 15 hours per 10 patients who present acutely to hospital is 15 hours per 10 patients, the guidance said.

This would apply whether or not the care is partly-delivered by a consultant or there is no immediate consultant presence, it said. For example, to cover a 30-bed medical ward by day, Monday to Friday requires tier 1 staff to be present for 71 hours each, said the RCP working group behind the guidance.

It stated that two tier 1 clinicians were needed for most of the day on the ward irrespective of whether or not a formal ward round took place. A workforce of 2.2 tier 1 posts per ward was needed to provide this staffing.

During weekends and public holidays, a tier 1 clinician needed to be present on every ward for 8 hours each day. A workforce of 0.5 of a tier 1 post per ward was needed to provide this staffing.

The report also suggested that 10 minutes of tier 1 time per patient was required for the routine tasks that arose when a patient was transferred to a new ward. In regard to the daily ward round, it was suggested that tier 1 staff allowed seven minutes per patient.

Discharging a patient was likely to be predominantly tier 1 time, the report stated. It recommended 20 minutes per patient is allowed for this task.

For emergency care, the medical team needed one tier 1 clinician available throughout each 16-hour on-call period for every 100–120 beds covered by the on-call team. Meanwhile, a workforce of three tier 1 posts was needed to provide this staffing.

The document sets out detailed arrangements for how staff in the medical assessment and admission team would see patients when all three tiers of clinicians are present.

For a cohort of 10 patients the report recommends:

- Four patients to be initially assessed by tier 1 and reported directly to tier 2
- Four patients to be initially assessed by tier 1 and reported directly to tier 3
- One patient to be initially assessed by tier 2 and reported to tier 3
- One patient to be initially assessed by tier 3

The workforce numbers take account of periods of leave and thus avoid "predictable rota gaps", and absences from the ward or admission teams.

"Our recommended staffing numbers are intended to be indicative rather than definitive, and they should always be validated or modified by the results of appropriate audit," the report authors said.

They argued that it was "essential" that as much patient care as possible is delivered during the normal working day, rather than out of hours.

"We think that this is a key issue for patient safety, and the daytime staffing of wards should be such as to minimise 'legacy' work," they stated.

In the interests of safety, staffing calculations should be based on 80% of maximum activity, the report stated.

From 30-70% of medical staff time was estimated to be spent on indirect patient care, including activities such as coordination, leadership and management of care.

Hospitals needed effective mechanisms in place to continuously monitor for surges in activity that compromise safe patient care, it recommended. And all hospitals should have agreed, effective escalation protocols for responding to such surges in activity.

Routine staffing requirements should be reviewed if escalation protocols are activated more than once a week on average, the report says.

In 2013 the RCP identified a need to work with the NHS to provide guidance on acceptable staffing levels for a given workload.

The working group behind the new report, which included the Royal College of Nursing as one of its members, represented an attempt to deliver clear benchmarks for staffing.

The RCP said it will now work with hospitals to pilot the recommendations in real-life situations.

Dame Jane said that in recent years other clinical staff had started to perform tasks traditionally done by doctors. This had been "born out of necessity" and there now needed to proper rules established, she said.

At the same time, preconceptions among patients might need to be challenged, she said.

"There is a cultural stereotype about doctors and nurse, but actually now we are all clinicians who work in teams and are co-dependent, because medicine is more complicated and more sophisticated," she said.

- New apprenticeship standards published for advanced practitioners
- Drive to 'embed' new advanced clinical practice standards
- First national framework for advanced clinical practice unveiled
- First wave of advanced nurses receive RCN accreditation

Janet Davies, chief executive and general secretary of the RCN, welcomed the report. It would put the issue of patient safety straight into the new health secretary's in-tray, she said. "*The issue will intensify as growing numbers of frontline professionals call for guarantees to enable them to deliver world-class patient safety*," she said. "*Despite demands for action, five years after the Francis Report we are no closer to staffing for safe and effective care in England*," said Ms. Davies The report also showed that nurses and physicians were working together on solutions, she said. "*Advanced Nurse Practitioners are included in the RCP's new guidance for calculating safe medical staffing levels in acute settings, recognising the contribution made by nurses of all levels*," noted Ms Davies. "*The document recognises the importance of continuing professional development in enabling ANPs to deliver effective multi-professional working to determine the best outcomes for patients*," she added.

Dr Kathy Mclean, executive medical director at NHS Improvement, said: "Having the right medical staff with the right skills in the right place and at the right time is vital for providing patients with high quality, responsive care.

"*This report is a useful addition to the ongoing research into how the NHS can achieve safe and sustainable staffing across all its health settings*," she said.

Study on cross-border healthcare: Empowering NCPs to help patients exercise their rights

Patients in Europe are still generally unaware of their rights and the possibility to access health services in other EU Member States, as well as of the existence of National Contact Points (NCPs) to help them exercise their rights under the Cross-border Healthcare Directive. These are the results of the study "Enhancing information provision to patients" published today.

Using a combination of research methods, including a literature review, an analysis of legal texts, a website analysis, a pseudo-patient investigation, and surveys of NCPs and patients, the aim of the study carried out by Ecorys, KU Leuven and GfK Belgium was to identify how to improve the current level of information on cross-border healthcare available to patients.

The study found that although the information available to patients on NCP websites was adequate, the websites themselves need improvements, especially the sections on patients' rights (for incoming patients), quality and safety standards (for incoming patients) and reimbursement of cross-border healthcare costs (for outgoing patients). However, compared to the results of the Evaluative study (fieldwork carried out in 2014), the NCPs have made significant progress in this area.

This study has also resulted in the development of a practice-orientated toolbox and training material to help the NCPs improve the quality of information for patients, as well as a set of Guiding Principles and indicators for establishing an NCP service that is more uniform, patient-centred and in line with the legal requirements. This will contribute to high level information provision to patients.

While the study feeds into the upcoming implementation report on the operation of the Cross-border Healthcare Directive due this October, it will enhance the level of information provided and available to patients, empowering NCPs to be fit for purpose.

For more information:

- Cross-border healthcare
- Study on cross-border healthcare

Health and Food Safety Directorate General

Alarm devices for health workers setting out in Italy

In 2017 the Toscana North West Sanity Service (ASL)recorded 46 cases of assaults suffered by doctors and nurses. Since the beginning of this year, there are already a few tens

Twenty-six episodes of aggression reported by health workers of Tuscany North West Sanity Service in 2017: at the territorial level were 4 in Lucca, 10 in Versilia, 3 in Massa Carrara, 7 in Livorno and 2 in Pisa. In 2018, dozens of cases were examined by the company working group for the analysis and prevention of the risk of assault on health workers, coordinated by the Director of the Prevention and Protection Service, Emilio Giovannini.

At regional level sentinel events (the most relevant) registered by the Ministry of Health were 46 from 2010, of which 3 in 2018, 5 in 2017, 7 in 2016, 8 in 2015.

This is the balance provided by the Local Health Authority North West. Numbers which also include cases involving operators from the Lucca area, including the last, the most striking, to the detriment of a nurse, attacked twice, in different moments of his work, between a hospital ward and the ready rescue.

The ASL is now thinking of "*updating protection measures, as well as initiatives to allow the operator to anticipate the event*," explains Tommaso Bellandi, director of the company's patient safety structure. “*Operators will be provided with internal alarm instruments, internal telephones or other devices, to alert immediately, if they are alone, when an aggression occurs* ».

«*The working group* - explains Giovannini - *is committed to harmonizing in the corporate sphere the methods for reporting the event, managing the report by offering employees post-event support, uniform criteria for assessing the risk in the ASL structures. This is to favor both the collection and the analysis of the data of the aggressions in a systemic logic. We are developing preventive actions for personnel training, work organization and environmental interventions* ". In particular, «*with the analysis of the data of the aggressions - continues - surveys and interviews in the most exposed work environments such as the emergency room and mental health services, the revision of the scientific literature on the subject, the company evaluation document will be updated risk*".

According to Giovannini, "*the attacks on health workers are a problem of health and safety at work. Is not just an Italian question. The European Union also considers healthcare workers to be the most exposed to the risk of aggression: a 2011 study shows that 10% of nurses in Europe report at least one physical or verbal assault from patients or family members per week. In Italy, in a survey promoted among its members by a medical union, 66% of respondents report having suffered at least one aggression in their careers, a percentage that rises to 80% for those working in the emergency room* ».

Any similar incidents in one of your countries? Is the issue limited in Italy or it is something regulators should face EU-wide with coordinate practices?

Spanish Nurses who have obtained their degree in the United Kingdom must have them validated before the Brexit is consumed

The Spanish General Council of Nursing, , has disseminated to all Spanish colleagues the key points on the situation in which nurses will be when the UK makes effective its exit from the EU culminating in the process baptized as Brexit. One of the main points advises Spaniards who have obtained their nursing degree in the United Kingdom to have it validated "*before the effective departure of the EU, scheduled for March 29, 2019"*, they explain in the circular sent to all the provincial schools.

Although the European Commission informs that, in principle, the withdrawal of the United Kingdom would not affect the qualifications obtained when the country was a member of the European Union, it is advised to prevent later problems "to the citizens of the EU that they possess titles of the United Kingdom before the date of retirement the recognition of those professional qualifications ", explains the circular published by the General Council of Nursing.

As is well known, one of the principles of the European Union is its freedom of movement of workers across all EU countries, which means that rights and conditions are common in all member countries. The question that arose was in what situation these professionals are when the United Kingdom is not part of the EU. The European Commission published on June 25 a series of recommendations so that EU nationals in Britain will not be affected by their professional qualifications when the departure from the Union becomes a reality. These are the five points in which the General Council of Nursing has summarized the recommendations of the European body:

1. The withdrawal from the United Kingdom **does not affect decisions on the recognition of professional qualifications obtained in the United Kingdom before the date of withdrawal on the basis of Directive 2005/36 / EC** by a Member State of the EU-27.

2. From the date of withdrawal, citizens of the United Kingdom will be nationals of third countries and, therefore, Directive 2005/36 / EC no longer applies to them. If you apply for recognition in a member state of the EU, it will be under your national process to assess the qualifications of graduates of the international health profession.

3. Qualifications obtained in the United Kingdom by EU citizens (who are not citizens of the United Kingdom) from the date of withdrawal will be classified as third-country qualifications for the purposes of EU legislation. The recognition of this qualification will no longer be covered by the recognition regime of Directive 2005/36 / EC.

4. The notice advises EU citizens possessing UK qualifications obtained before the withdrawal date to consider whether it is advisable to obtain, before the withdrawal date, recognition of those UK professional qualifications in a member state. of the EU-27.

5. Las reglas anteriores entrarán en vigor el 29 de marzo de 2019 si no hay un Acuerdo de Retiro, o al final del período de transición si se acuerda.

CONSEJO GENERAL DE ENFERMERÍA

80% of Spanish nurses working abroad are in the United Kingdom. For this reason, Florentino Pérez Raya, president of the Spanish General Council of Nursing, has considered disseminating these recommendations in order to help resolve doubts. "*We are aware of the great uncertainty among Spanish nurses of the British public health system by the Brexit, so we believe that this information is of great importance for both our schools and the profession as a whole*," explains the president of the Spanish General Council of Nursing.

News in Brief

NHS launches TV ad campaign to recruit 'thousands of nurses'

The NHS launched this month a multi-million pound TV advertising campaign with the aim of recruiting thousands of nurses during its landmark 70th year. The new £8m campaign, funded by NHS England and the Department of Health and Social Care, has been billed by health service leaders as the biggest recruitment drive in its 70 year history.

Primarily targeting school children aged 14-18, the "We are" the NHS campaign will feature TV and radio advertising, posters and social media.

England's most senior nurse, Professor Jane Cummings said the survey findings showed why young people should feel inspired to choose a career in the NHS but that more needed to be done to highlight the vast range of opportunities available for talented and dedicated people. The £8 million campaign, funded by NHS England and the Department of Health and Social Care, will highlight the vast range of opportunities available in the NHS for potential new recruits and will initially put the spotlight on the nursing, prioritizing key areas including mental health, learning disability and community and general practice nurses and will help deliver the long term plan for the NHS.

Watch the full video here

World Hepatitis Day

Saturday, 28 July 2018

World Hepatitis Day (WHD) takes places every year on 28 July bringing the world together under a single theme to raise awareness of the global burden of viral hepatitis and to influence real change. Worldwide, 300 million people are living with viral hepatitis unaware. Without finding the undiagnosed and linking them to care, millions will continue to suffer, and lives will be lost. On World Hepatitis Day, 28 July, we call on people from across the world to take action, raise awareness and join in the quest to find the "missing millions".

How to get involved:

- *Download* campaign materials
- *Join the quest* to find the missing millions
- *Find out more*

Innovation in Healthcare: Creating a Health Service Fit for the Future

11th October 2018 - The Bridgewater Hall, Manchester

In celebration of the NHS turning 70 we're offering £70 off delegate tickets this week, simply use the promotional code: 70years (T&C's apply: Offer cannot be redeemed against existing bookings and is for new bookings only.)

The digital health landscape is moving at pace. Innovation in healthcare is opening up new possibilities to treat patients remotely, to improve patient flow through digital appointments and acute discharge, to access medical records on the road for community practitioners, and to share information from emergency services on route to hospital. This timely event is designed to support care providers to develop a modern, efficient and responsive health service.

More information here