

HomeVisit

News for supporters of the QNI

The charity dedicated to improving patient care by supporting nurses working in the community



2/ Call the Midwife Stars in moving tribute to Queen's Nurses

3/ HEE/QNI Community Nursing film shortlisted by WHO

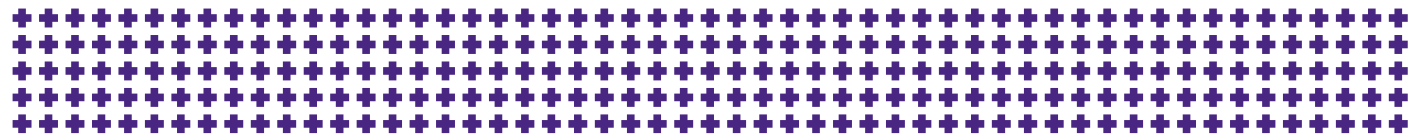
4/New support for nurses working in community settings in the fight against Covid-19

5/District Nursing stories

6/District Nursing in Bermuda in 1909

8/Introducing Male Nurses to the QDNA in 1947

10/Our Little Corner Shop poem



Call the Midwife stars in moving tribute to Queen's Nurses



A Message of Thanks and Support

Stephen McGann said, 'Call the Midwife is most often thought of as a drama about midwives, of course. But our midwives are also community nurses – and our drama features community nursing at its heart. When I heard what Queen's Nurses were going through out there – and heard about the huge extra workload they were taking on, I wanted to send them a message of thanks and support as quickly as I could.'

Stephen got in touch with his colleagues in the cast to see if they could help – and was overwhelmed by their quick responses and wholehearted support.

Stephen said, 'They were all fantastic! In double-quick time they offered to help and recorded their messages. They're a wonderful bunch and are all as moved as I am by the incredible work community nurses are doing right now. We wanted to pay our tribute as "pretend" community medics to the real ones working so hard to protect us all.'

The stars of BBC TV's Call the Midwife programme have worked together from isolation to record a moving 'Thank you' message to Queen's Nurses.

The recording of the special video message was co-ordinated by lead actor Stephen McGann, who plays Dr Turner in the long-running programme. Stephen McGann has been working with the Queen's Nursing Institute for the past three years, presenting certificates and badges to new Queen's Nurses at the charity's Awards Ceremony in 2018.

Queen's Nurses are leaders and role models in all community nursing settings and specialisms, delivering outstanding care to patients, carers and families in homes and communities everywhere.

The QNI is here for all Community Nurses

Dr Crystal Oldman CBE, the QNI's Chief Executive said, 'I am deeply moved by the generosity of all of the actors who have given their time to record individual messages of thanks to the nurses working in the community today. I am extremely grateful to Stephen for making this happen and I know our Queen's Nurses everywhere will join me in thanking him and all the cast members for their kind words and thoughts at this time.'

She added, 'The QNI is there for all nurses working in community settings, offering information and support, educational grants and financial assistance for nurses in need.'

You can view the film here: <https://www.facebook.com/watch/?v=2961244187231882>.



HEE/QNI Community Nursing film shortlisted by World Health Organization



Nursing in the Community, the short film made in partnership by the QNI, Health Education England (HEE) and creative agency Mother London last year has been shortlisted in the inaugural Health for All Film Festival by the World Health Organization (WHO).

WHO received almost 1300 submissions from film makers around the world for the three categories. The QNI/HEE film was selected as one of just 15 finalists in the nursing and midwifery category, celebrating the International Year of the Nurse and the Midwife. The other two categories are animation, and video reports.

Gilles Reboux, Film Festival leader at WHO said: 'It has been inspiring for the organization to watch all the amazing content that people like you are doing in the health field and that you've been able to capture in your film. WHO is very grateful that critically-acclaimed artists from the film and music industry have accepted our invitation to participate in the Health for All Film Festival jury: Richard Curtis, Patrick Eveno, Ricky Kej, Angélique Kidjo, Barbara Miller and Wagner Moura will join three Senior WHO experts in their respective jury team for each of our competition categories. The advice of this jury will be transmitted to WHO's Director-General who will make the final decision by the end of April.'

Professor Mark Radford, Chief Nurse, Health Education England said, 'Our community

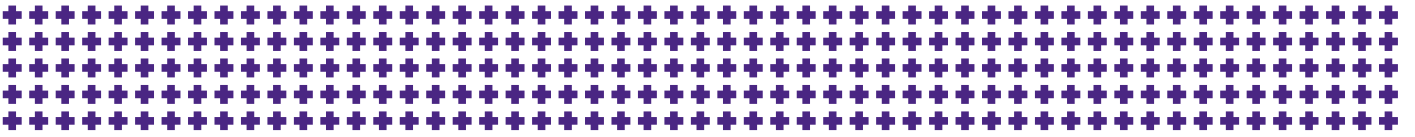
nursing teams perform critical and highly skilled roles that enable people to be cared for within their local communities. This film clearly demonstrates just how important their work is, and the enormous impact it has on patients. I'm thrilled that our film has received this recognition by WHO. Being shortlisted for this award will lead to even more appreciation and acknowledgement of the vital work performed each day by our community nurses.

Dr Crystal Oldman CBE, Chief Executive of the QNI said, 'I am delighted that this film, which has been made with the help of our wonderful Queen's Nurses, has received this international recognition. The film shows the significant contribution of all nurses who work in community settings, delivering complex care to patients at all stages of the life course. The nurses in these autonomous, critically important nurse-led services are supporting the whole healthcare system in this country and it is fabulous to see their work recognized in this way.'

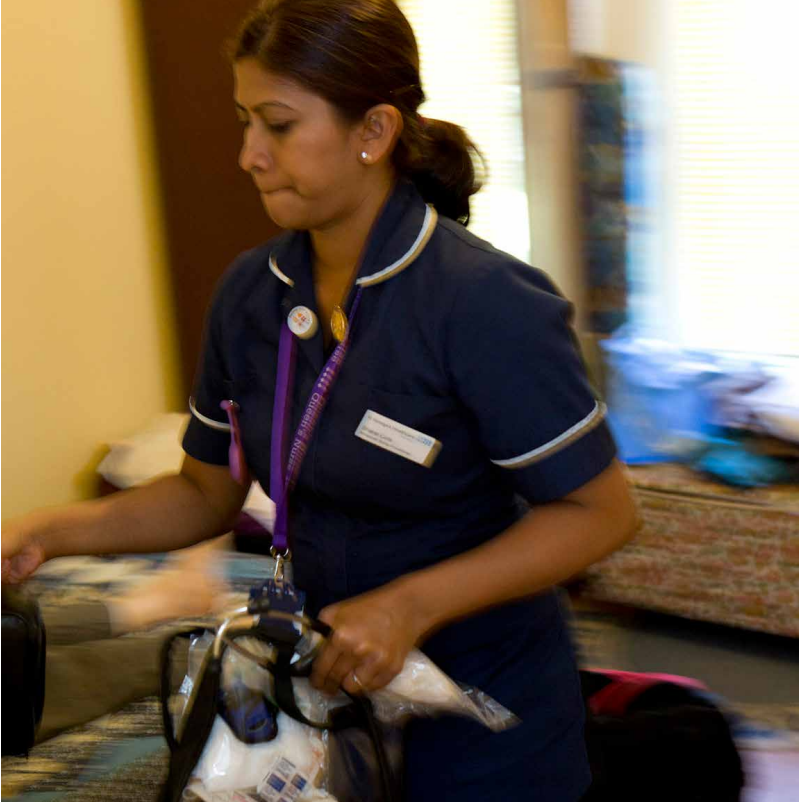
The film festival is due to take place in Geneva either in May or October, depending on the evolution of the COVID-19 pandemic. The entire official selection will be screened during the event, but WHO intends to share the entries online in the coming weeks to inspire clinicians and the public now.

The shortlist can be viewed here: www.who.int/news-room/campaigns/the-health-for-all-film-festival/official-selection-and-awards

The 8 minute HEE/QNI film edit that was submitted for the competition can be seen here: <https://www.youtube.com/watch?v=dIvi6M9XjeK&list=PLrVQaAxyJE3et8YptiA3yKZXWr5hoVK5M&index=3>



New support for nurses working in community settings in the fight against the Coronavirus



care of older residents who are more vulnerable to the virus.

The QNI's Transition to Care Home Nursing book was launched in 2018. In order to support nurses in care homes, the charity has now made the whole resource freely available on its website: <https://www.qni.org.uk/nursing-in-the-community/transition-community-nursing/care-home-nursing/>

The QNI is also bringing together some of the most relevant advice about Coronavirus for community nurses, including those working in the social care sector. The advice is being updated as new information becomes available: www.qni.org.uk/nursing-in-the-community/care-home-nurses-network/coronavirus-information-centre/

The QNI has launched a range of new online support for nurses in community settings who are in the front line in the battle against the Coronavirus outbreak.

The charity has made additional resources available on its website, responding to the need to help nurses and their teams to access the most up to date and relevant information at this time.

This includes nurses who are working in or giving support to nursing homes and other residential homes, which face particular challenges in taking

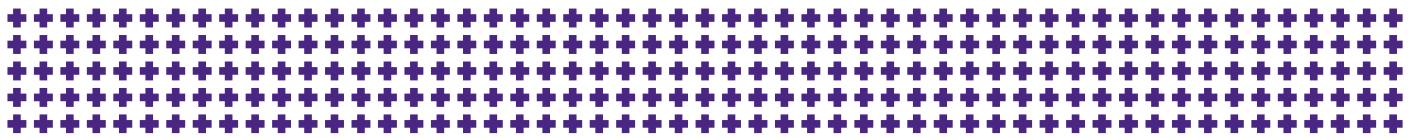
As a further means of supporting the care home sector, given the unique challenges it faces, the charity has also created a new Facebook group for nurses and other care home staff to share information and pose queries about front line care. The Care Home Nurses Forum is a private group, which will be moderated by QNI staff members.

Questions and solutions developed on the Facebook group will also be shared with NHS England/Improvement to help inform responses to the Coronavirus outbreak.

Financial assistance for community nurses during Covid-19

The QNI is offering extra financial assistance for community nurses during the Covid-19 outbreak. For those community nurse having to self-isolate and whose income (or family income) has been

severely reduced, please get in touch by email with joanne.moorby@qni.org.uk or justine.curtis@qni.org.uk to discuss how the QNI can help.



District Nursing stories



Hallux vagus

Whilst working as a QN in Lancashire in the 1960s, I was requested to attend a patient's home where she was to have an operation for hallux vagus.

I got the room ready, boiled the consultant's instruments, and set them out on a sterile cover. The patient had an open fire in the room, and when the anaesthetist arrived he said we would have to put it out as he had decided to use an open anaesthetic (ether dripped onto a gauze-covered mask). We all carried buckets full of hot coals outside, and the doctor doused the remainder with water. As you can imagine, it was far from a sterile procedure. Fortunately, the patient did not suffer any ill effects. *Daphne Hulme, QN, Peterborough*



Leave the light on

When I was a young district nurse/midwife, I took a job in the country covering four villages. I lived in the largest village, in a house tied with the job. The house was on a small housing estate. There was

no electricity in the whole of the village, and on entering the house there was a strong country smell of kerosene lamp and lavender polish. The house had a warm welcoming atmosphere and I loved it right away.

There were fields behind the house which were lovely, but a year or so after I had moved in, a few bungalows were built on it to house elderly people.



TV priority

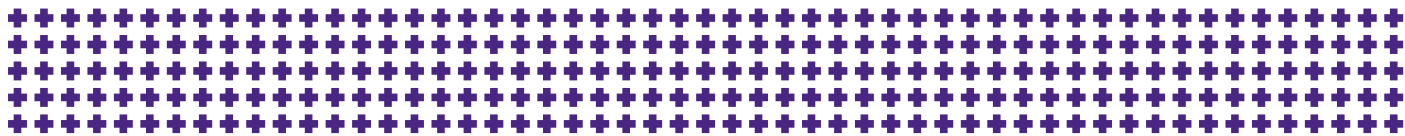
When my family had grown up, I went on to district nursing for five years around Croydon, which I really loved because it was a different kind of nursing altogether. In hospital, patients do as they are told, but on the district, you are considered a guest in their

homes: you cannot order them to have treatment and I found it a very wonderful experience for five years. I loved every bit of my nursing career, especially the district nursing. For in spite of all the new methods and techniques you still had to improvise a lot and to remember that you are still a guest. I used to get some old ladies saying 'Don't come here while I'm watching Coronation Street.' *Patricia Duffy, QN, West Yorkshire*

The residents eventually moved in, and by this time the village had electricity. I remember that there was one particularly lonely lady who would ring me up constantly for me to go round for some problem or other. Frequently, when I arrived home or on my weekly day off, the phone would ring and a voice would say, 'I saw your light on nurse, can you come round.'

One day I visited her and she told me that it was a great comfort to see our landing light on at night (I used to leave the light on for my young children). Then she took me into her bedroom to show me what she had done.

'Look nurse, I've turned my bed round so I can see your light when I am in bed'. At that time, I had no curtains on the landing windows. I went home and told my husband, who in those days was very sylph like as he pranced across the landing, that he had better buy some pyjamas! *Margaret Modinos, Retired QN, Wales*



District Nursing in Bermuda, by M.A Hodgson, 1909



The nurses were all out on the verandah to receive and bid me welcome. ...There is a white baby in the Home; he had been taken in at four months old as his mother died at his birth. His father was a soldier. I never heard a baby cry so much...

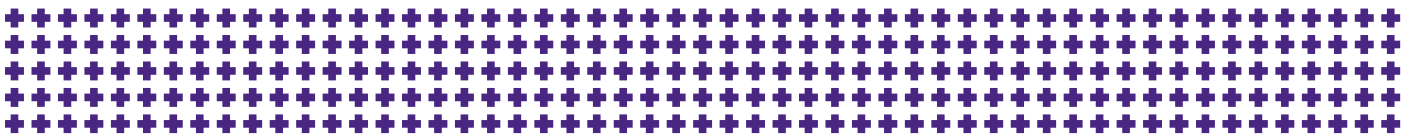
The nurses had been left to themselves for many months and did not appreciate the changes I found it necessary to make. The work is not done in the orthodox way, still the plan adopted seems to work very well on the whole. The cooking is also done by the nurses, each taking a week in turn...the work in the Home and on the district is often very acute and interesting. The Association supplies a nurse to attend soldier's wives during puerperium, at the Garrison, St. George's Island...

A few months ago we were very busy, especially on one particular day. In one ward was a case of acute ophthalmia... in another a helpless woman, suffering from elephantiasis and eight of the worst possible bed sores, then there was still the white baby who was here when I came. He is a dear baby and running about, but takes up most of the time of one nurse.

After making more or less elaborate preparation for three years' sojourn abroad, the day arrived when I must leave Old England behind and sail for these Islands of Bermuda, knowing little about them or the work awaiting me there, and nothing at all about sea voyages.

It was quite early one morning when we sighted St. David's Lighthouse on one of the Bermuda Islands. We sailed slowly round the dangerous reefs to the entrance to the harbour....then a tug boat came for us and with it the Hon. Secretary of the Bermuda Nursing Association, who talked to me of my new work as we steamed along through the small islands dotted about the harbour.

There was also the district to think of, which included five infirm and helpless old ladies. We got through the day very well and the thought of rest was good, but at 9 pm a maternity case was brought in, so I stayed up with the night nurse. The patient was a white woman, primipara. The baby was born at 2 am, very tiny and premature, but the mother did very well. The next day's work had nicely commenced and we night people thought of going to bed, when an urgent telephone message came from St. George's Island saying, "Please send a nurse at once." ...we started the twelve miles drive, which is very pretty, being nearly all the way by the sea, with its wonderful shades of green and so clear.



When we reached St. George's Island, there was nothing left for me to do, as the baby was born, so I left nurse to do what was necessary....

The reefs on this side of the Islands are very dangerous, and it is generally believed that 'The Tempest' by Shakespeare, was written after he had heard the thrilling tales told by his friends, about the wreck of the 'Sea Venture' on the reefs of Bermuda, and what perilous times they passed through, narrowly escaping with their lives.

I have a blackboard and teach the nurses very elementary anatomy, physiology, hygiene, midwifery, and nursing by practical demonstrations. The nurses are very interested in the classes.

We are practical on other ways as well. The other week, not having much to do, we washed all the mosquito nets, each about seven yards wide and nearly four long. My part consisted of carrying about two buckets full of water, and helping to hang the nets by their tapes on the high branches of the cedar trees, and very nice they looked, floating about in the breeze and the sunshine.

Phthisis is very prevalent here, which is no wonder when one sees how they shut themselves up. The cottages are built without chimneys, and many not only close the windows but the shutters as well, keeping out air, sunshine and light.

"Last year there was a patient on the district suffering from acute rheumatism.... We entered the family bedroom, and on the bed was lying the sick woman, unable to move hand or foot. There were two double beds in the room and hardly any space left between. The windows, blinds and shutters were closed and a kerosene lamp was burning to supply the shut out light, or rather in place of the daylight. Four children

had slept there besides the mother. Imagine the atmosphere. It was stifling. We opened up the place, put out the lamp, and nurse spent a few hours there, washing the mother and babies, then by degrees the room was made tidy. After a long illness the woman made a good recovery.

When anyone dies the interment takes place the same day. A pillow made of sweet herbs is usually placed under the head and the best dress or suit is used instead of other things.

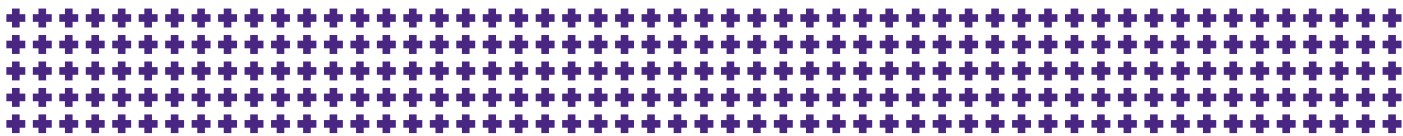
One popular remedy for fever is to kill a pigeon and bandage half to each foot of the patient, while it (the pigeon) is still warm.

When there is no moonlight it is very dark and lonely round the Home, and some people prowl about trying to frighten others or worse, by interfering with the shutters, hiding in the shadows, and sometimes firing revolvers. It is not an easy matter to catch them either as they can easily disappear in the bush. By chance I have a loaded revolver which was bought here in a patient's coat pocket. As the man could be fined for carrying loaded firearms, the revolver remains in my possession.

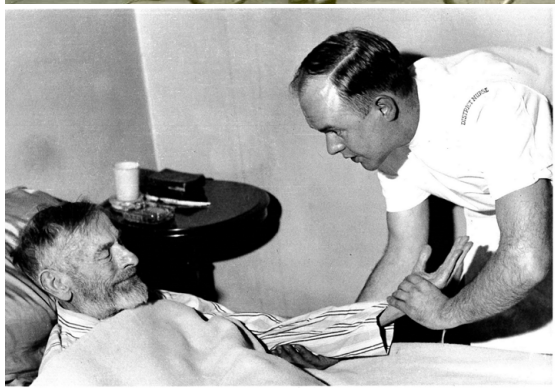
The Association is supported by the earnings of the Home, private and military cases, and the different societies...whose members subscribe two shillings annually, also Church collections, etc.

The principal recreations are swimming, rowing, canoeing, driving and riding. People do not go out much in the evening except when it is moonlight, which is generally beautiful and brilliant. Maiden-hair ferns grow out of doors, banana plantations are plentiful; cocoa palm, palmettos, lilies, roses and other flowers flourish abundantly."

M. A. Hodgson, From The Queen's Nurses' Magazine, August 1909.



Introducing Male Nurses to the ODNA in 1947



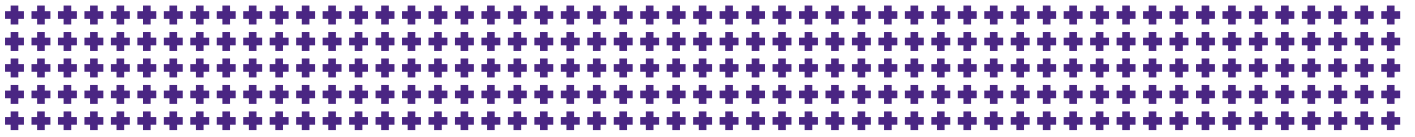
In the early months of 1947 we saw the introduction of the Male Nurse with the Queen's District Nursing Association. It was an experiment. There were in Great Britain four of us young men, setting out to prove the value and efficiency of our sex in this new sphere of nursing.

Prior to commencing duties I was naturally keenly interested and filled with conjectures as to the sort of reception I would receive, first, from the general public and secondly from my female counterpart. I place my female colleague second because I anticipated, and expected, a cordial welcome from her, in view of her familiarity and acceptance of the male nurse in general hospitals, fever nursing and mental nursing. With certain exceptions the old prejudice against males as nurses has disappeared from the nursing profession.

District nursing was an adventure to us 'early pioneers' as we were amusingly called...The question was, did prejudice really exist in the public mind? It certainly does not as far as the Hospital Male Nurse is concerned, and I have found no evidence of prejudice during my District Nursing career. Certainly I have heard some women relatives of patients express doubts as to the desirability of males nursing females, but without exception I have been accepted gratefully and unreservedly into every home where I have had occasion to carry out nursing duties. Some have, indeed, in my hearing, thanked God for a Male Nurse, not out of any disrespect for our Queen's Sisters, but 'because the poor patient is so heavy to manage for any woman.'

...Those of us who were married had, provisionally at any rate, to leave our homes, wives and families and enter a new environment. It meant finding lodgings, a difficult problem anywhere today. It meant reduction in salary while training, and at the same time, keeping a family in one part of the country and oneself in another, a nightmarish problem. This particular problem of accommodation was largely the cause of the slow response to early recruitment of males at the inception of the experiment. Difficulties of all kinds were greatly reduced by the friendliness and assistance accorded us by our local Secretary, Superintendent and nursing colleagues.

I will always remember the cordial welcome I received on my arrival at Leicester on March 31st, 1947. My Superintendent, Senior Nurse and colleagues very soon put me at ease and made me feel a member of a grand family. I was permitted all facilities in the Nursing Home. It was well equipped with an excellent lounge, reading room and dining room. These were



– (for I wear no uniform at present to announce my profession, until I enter the house when I change into a white jacket) I am always accepted without comment. Of course I am often asked how long Male Nurses have worked on the district? Am I to be addressed as Sister or Brother or Nurse, or how? Many persist in addressing me as 'Doctor'!! Do I attend females? Do I attend maternity cases? There seems to be surprisingly little prejudice against Male Nurses, in fact, surprise has more than once been expressed that we nurse only males, especially in view of some of the heavy female cases.

pleasantly furnished and always richly decorated with flowers. We had a beautiful piano and every encouragement to continue with our hobbies was given us during our off-duty hours, and we were rarely idle. In my training school we had, apart from our Superintendent, six nurses, and were always busy either with music, study, reading, sewing, knitting or gardening. Leicester District Nursing Homes all have delightful gardens.

The day following my arrival I was taken out by the Senior Nurse and shown the technique of Queen's Nurses. Nursing in the home, I found, was very different from nursing in a hospital, where the nurse has all the nursing facilities and equipment at hand. There is an art of improvisation to be learned by the District Nurse. Much of the Queen's Nurses' time and energy is absorbed by cycling from patient to patient. The Male Nurse covers more ground at present than the Queen's Sisters, because he is only permitted to nurse male patients. This means, that to employ him fully, he nurses nearly all the male patients within the orbit of the Nursing Home; whereas, the Queen's Sister, in the cities, covers particular areas. My average daily travelling distance is twenty-one miles.

How am I accepted by the general public? When once it is realised I am not the insurance agent or an intruder, I am always welcomed. After my first visit with its attendant shock to the householder, who always gives me a look of interrogation

...During my first six months' training as a Queen's Candidate, I was surprised to find how comprehensive and wide the educational syllabus is. I thoroughly enjoyed my lectures and visits. The lectures included medicine, hygiene, child welfare and management, poor law, charitable societies, local government, diet and Health Insurance, among many others. Visits were made to a dairy where the pasteurisation processes was in progress, to the city sewage works, a Mental Deficiency Home, a Nursery School, a School Clinic, a Child and Maternity Clinic, a large factory (where we were conducted round by an Industrial Nurse), and a Psychiatry Clinic. These were just a few of our varied visits. A complete half day was spent with a Health Visitor.

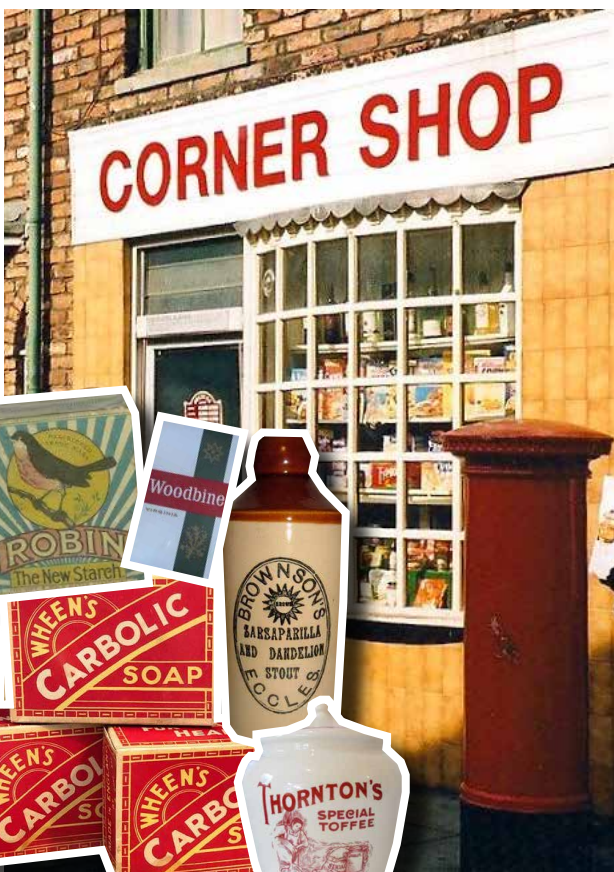
From my personal experiences, I am sure that the Male Nurse henceforward will become an integral part of the QDNS, and that he will, within a few years, be as fully recognised for his ability and sympathetic understanding as the Queen's Sister. The experiment, in Leicester alone, has been so successful, that two more Male Nurses have been employed and a vacancy exists for one more. District Nursing presents a magnificent opportunity to the Male Nurse to popularise himself and of proving his intense value to the community.

D. J. Gillett, Male Nurse



Our Little Corner Shop - a poem by QN Delia Hudson

Queen's Nurse Delia Hudson was born in a small Lancashire village called Chatburn, on the border between Lancashire and Yorkshire, 'but just about a little bit more in Lancashire'. Here is her poem of her days working as a Saturday girl in her corner shop.



I geet a thinking only t'other day
Of when I were nobbut a we young lass
An I were t'one to do all my Mam's shopping
In't days when there were not much brass.

I geet a thinking ort smell when you walked in't
shop
Of freshly ground coffee and such
And folks stood around just havin a chat
Time didn't seem to mean that much

I remember how sugar were in 1 cwt sacks
And how each 1lb was weighed into a bag
coloured blue
And tea was stored loose, in big boxes o' wood
And bacon was sliced at just the right thickness
for you

The home-made brawn was made once a week
It was the best you've ever tasted

While t'ham that was cooked whilst still on
t'bone
Never had any bit wasted

Biscuits were stored in very large tins
And were weighed out in a white paper bag
Whilst broken biscuits down at bottom of 'tin
For just half price, could be had

Carbolic soap came in blocks a yard long
Which were cut up into man-sized hucks
While butter and lard stood in mountain slabs
Which were cut, weighed an wrapped in
desirable chunks

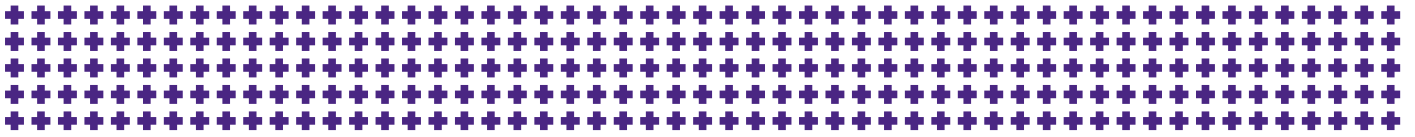
Toffees were all stored in very large jars
An stood like soldiers on a shelf at the back
There were Spanish buttons and liquorice sticks
That med your teeth and tongue go all black

There were enormous bottles of things to drink
Like sarsaparilla and dandelion beer
You could bring all your empty bottles back
And geet them filled up 'ere
There were a whole shelf of thick white candles
In boxes of a dozen there were bought
These were an absolute necessity
For when the electricity was short

Packets of Robin starch we bought
To mek Dad on a Sunday look a proper toff
And a proper toilet roll you would buy
If you were t'one of the better off

An ounce of baccy, Shag or Twist
Would mek me grandad glad
He'd cut it, rub it, and then fill his pipe
And the smell, it weren't half bad

There were shoe laces and boot laces
In colours of black and brown
And elastic that came in 3 yard lengths
To stop your knickers falling down



Out at t'back o little shop
Were t'store wi paraffin in
Which you could come in and purchase
If you'd browt a bottle or tin

You could buy a pack o' hairnets
Of texture both thick and thin
An even some wi ribbons on
That you could tie underneath your skin

To keep yer baby quiet
There were dummies hanging on a card
And bottles of Woodward's Gripewater
For when its gums were painful an' hard

There were dishcloths an dusters
That were cut from a great big roll
And if you were one of the glamour girls
A Tweeny Twink home perm would give you your curls

Bottles, tins an jam jars
You washed em clean 'til they'd squeak
An then you'd get a copper or two
Off yer bill at 'end of the week

Woodbines were always a popular brand
Amongst working men and lads
And the cards inside wi't footballers on
Were a favourite to be had

Medicine shelves were best of all
Wi syrups o' figs an Fennings fever cure
If you were constipated, or you felt ill
These would rectify you, for sure

There were Germolene and Vaseline
You could buy in a little round tin
Just the job for a grazed cut knee
Or ta put on a patch o' sore skin

There were aspirin for yer headache
And sniffers for if you were snorty

And then there was always Phyllosan
To fortify you, if you were o'er forty

You could always buy a bag o' dolly blue
To mek your clothes wash brighter
And then you could add some to yer icing
Ta mek your Christmas cake look whiter

Lady at shop knew all about yer
And knew when yer times were tough
She's always slip that little bit extra in yer bag
When illness or unemployment was making life rough

In those days, folk were very proud
And kept their outdoors clean
They'd buy crystals to put on their stone posts
And to mek their garden walls gleam

The money were kept in a drawer
Wi no fancy keys or locks
And ten bob notes were kept in a tin
And £1 notes were kept in a box

A £1 note went a very long way
And bought groceries by the plenty
There were twelve pennies in every shilling
And in a pound, there were shillings twenty

Now we've got a Morrison's
A Tesco and Asda too
Wi rows an rows o big fridge freezers
An great long waits in a queue

The lass on 'till doesn't know you from Adam
She sometimes looks quite miffed
Her only concern is ta keep that till going
Until she reaches the end of her shift

Ah well, ya can keep those fancy supermarkets
Wi their tills that never stop
They'll never mean quite the same to me
As mi little corner shop!



National Garden Scheme gardens close due to Covid-19



Due to Covid-19 the National Garden Scheme (the QNI's largest funder) have asked the charity's garden owners not to open their gardens until further notice.

In response to the crisis the National Garden Scheme are working with their garden

owners, volunteers and supporters to keep the

gardens alive and virtually open this summer and to continue to raise funds.

On April 9, their President Mary Berry launched the 'Support Our Gardens' appeal which will have as its main fundraising mechanism virtual garden visits and content supplied by their garden owners, some examples of garden owner input can be found here:

- Spring centre piece: <https://ngs.org.uk/creative-springtime-display/>
- Deadheading daffodils: <https://ngs.org.uk/a-pleasant-occupation-for-a-spring-day/>
- What to do in the garden this month: <https://ngs.org.uk/now-is-the-time-to-get-busy-in-your-garden/>
- Story of a garden in evolution: <https://ngs.org.uk/an-accidental-evolution-the-old-vicarage-west-sussex/>

If the garden you were hoping to visit has cancelled you may like to make a donation to the National Garden Scheme, you can visit this page to do so: <https://www.justgiving.com/ngs/Donate>.

Feedback

We would love to know what you like (or would like less of!) about the newsletter, and if you would like to send in any reminiscences, we would be delighted to feature them. Please email us at joanne.moorby@qni.org.uk.

Address changed?

If you have recently changed address, please let us know either by emailing us at mail@qni.org.uk.

QNI News as it happens - online



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