I am experiencing a strange sense of deja-vu. In my last editorial I wrote about the general election and how we might wake up on May 8, 2015 with a different government, a shiny new prime minister and yet another top-down reorganisation of the NHS to look forward to. But no. As I write, David Cameron is still in number 10, the markets have settled and Jeremy Hunt has the dubious task of implementing the NHS changes he hoped he might never have to actually push through. Far from being different, everything is exactly the same.

Unfortunately for community nursing, the government isn’t the only thing that has remained unchanged. The news continues to darken the mood at JCN HQ with yet more reports of poor end-of-life care hitting the headlines recently, this time with patients being left in pain, receiving poor care and dying with little in the way of dignity. We’ve been here before, of course, but this issue’s article on end-of-life care in the community (pp. 34), at least offers some hope that things are improving, with the discredited Liverpool Care Pathway being replaced with individualised care plans and regular reassessment of people’s health status at end of life, hopefully leaving behind the ‘one-size fits all’ care of the past.

We also continue our wider look at the state of community nursing services in this issue’s ‘Community matters’ (pp. 8), where we ask a panel of readers if they think that the drive to shift care out of hospitals and into the community — care closer to home — runs the risk of turning community nurses into an emergency service. Of course, we have all our usual clinical coverage, with an in-depth piece on the specialised wound care required in people who have had a lower-limb amputation (pp. 26); the setting up of an innovative continence service (pp. 45); and a look at a little-known dermatology treatment (pp. 54). Not forgetting our regular Learning Zone feature, which is accompanied by an online CPD test — in this issue we examine the correct application of inelastic compression (pp. 62).

I’d also like to take this opportunity to thank all of you who have come to our free JCN Roadshow events this year, helping to make them a real success — do check the website (www.jcn.co.uk/events) to see if we are visiting a town or city near you any time soon, and, as ever, happy reading.

Jason Beckford-Ball, editor, JCN

If you would like to comment on any of the articles in JCN, or indeed have ideas of your own for an article, please contact jason@jcn.co.uk

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I am really pleased to be part of the editorial board of the JCN. The cascade of policy and change that nursing is charged with turning into good practice might sometimes feel like an assault, but there is no doubt that nurses have often turned policy into clinical opportunity. This very well-designed journal offers an opportunity to spread some good practice and share ideas.

Mark Radcliffe

As nurses we need to demonstrate a critical approach to the care we give, something the JCN can help us to do. As a tissue viability clinical nurse specialist, educator and researcher I love being able to take research and examine its impact on my own practice, then share this with colleagues. I am so pleased to be a member of this team and share my passion for evidence-based practice, with my own little spin on skin and wound care.

Mike Ellis

As a community-based dermatology specialist nurse I see first-hand the importance of maintaining skin integrity. From the young to the elderly, loss of skin hydration and integrity forms the basis of many skin problems, from infection to other acute and chronic skin conditions. I am delighted to be part of a journal highlighting best practice in skin care, wound management and all the associated issues.

Sara Burr

I want to highlight the benefits of social media tools such as Twitter in our professional roles. Twitter provides great opportunities to network across local, national and international boundaries, to share evidence-based practice and influence the direction of community nursing. Select carefully the individuals and organisations you wish to follow — including @jcnreport — and your twitter feed will be full of useful bite-size information. You can also instigate asynchronous and synchronous chats using #districtnursing where practitioners across the UK share discussions. Please access the NMC guidance on the use of social media before you begin, but I encourage you to start tweeting @heatherbain9.

Heather Bain
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References:

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