

1. Recognise political influences and opportunities to influence health and social policy and practices

Political influences and opportunities

to influence health and social policy are easily recognisable. The social organisation and political culture of the society in which an organisation is embedded can have major effects on the way organisational policy is implemented and on how that organisation functions (Atkinson et al 2000). Politics dominates how nurses practice and political implications arise out of everything nurses do (Hart 2003).

The Labour election manifesto (2005), aimed for an NHS free and personal to everyone. To achieve this they set high

national standards backed by sustained government investment, and most importantly gave more power to patients over their own treatment and their own health. For example targets to reduce waiting times mean Source to prove this? no-one is waiting more than three months for a heart operation, while death rates from heart disease are down by 27% since 1996.

Back in 2000, the

government made a commitment to the NHS and increased funding for the following years, aimed at modernising the NHS to meet public expectations. The government then set the following challenges that would be addressed with the increase in funding; partnership; performance; professions and the wider NHS workforce; patient care; and prevention (DoH 2000a).

Underpinning the NHS

Plan is a set of 10 core principles. The importance of these principles is that they represent the common ground between the Government and the NHS as the task of modernising and rebuilding the health service begins (DoH 2000a). Taken together they offer a framework for taking forward the programme set out in the NHS Plan (DoH 2000a).

National Framework to support the local

workforce strategy development (DoH 2005) outlines proposals 'to transform the whole system so that there is more personalised care, greater choice of services and real empowerment for the people who use the services we provide. That means moving away from delivering the sort of care which does things 'to and for' people, to a new era where people play an active part in deciding how, where and when they access the treatment and support they need.'

The Government identified heart disease as a top priority and

are working with key stakeholders to develop the NSF for CHD aimed at transforming the prevention, diagnosis and treatment of CHD (DoH 2004). To this end they have set a target of reducing the death rate by at least 40% by 2010. Across the government, strategies to reduce heart problems have been put into place, for example poverty is combated through the New Deal to help people get jobs, and the National Minimum Wage to end low pay. The government have provided help for people wanting to stop smoking and are determined to ban tobacco advertising.

NSF's set out plans based on the evidence of what works best, to ensure

that in future these standards of care are available to everyone (DoH 2000b). The NSF for CHD sets evidenced based standards for specialist services including heart surgery and rehabilitation to help those who have had a heart attack or heart operation to recover sooner and to stay healthy (DoH 2000b). The government has also encouraged the use of evidence based research in clinical practice, through NSF's and NICE, to improve clinical excellence and reduce deaths from CHD and MI's.