The commissioning of high quality care is dependent on the right level of advice from frontline clinicians closest to the patient and carer. Nurses and allied health professionals must be fully engaged with GPs if the aspirations of primary care-led commissioning are to be achieved.

Nursing Times’ campaign A Seat on the Board gets to the heart of the issue. It calls for every GP consortium to include at least one nurse on its board to ensure there is nurse input into decisions on procurement and provision of health services.

As costs rise and resources continue to be squeezed, the NHS faces unprecedented challenges in delivering high quality care. The nursing perspective is key to the rapid redesign of services required to ensure services are sustainable. Models of care need to increasingly empower patients and carers to manage their care in the home, supported by professionals as required. This is the essence of good nursing care.

Understanding how patients and carers perceive the system and then make best use of resources will challenge all professionals. Traditional practices need to be reviewed and changed and significant in this is ensuring that the deluge of information available is used to inform decisions.

A great deal of the information relates specifically to nursing, and needs to be interpreted by nurses as partners in commissioning. Ask any district nurse about changes that would enable patients to be cared for in their own home during an acute episode and they will come up with a raft of changes. These include ensuring that every patient with complex needs has a named case manager (community matron) who ensures there is detailed care planning, including a personal escalation plan. They would also call for rapid response community services that can provide additional support to carers 24/7 and a single-access phone number available all hours. Investment in telecare and telehealth is vital to enable distance monitoring of vital signs as are community “bed” facilities to enable additional care to be offered overnight (this may be in the patient’s home or in a community hospital).

Clinical commissioning is an exciting prospect and supported by all clinicians. It offers the opportunity to release the creativity of frontline staff to create a provider landscape that is effective both in terms of outcomes and costs. However, this will only be realised if GPs involve all their clinical colleagues.

A place on the board for a senior nurse with the skills and credibility to influence change will have two benefits. It will ensure commissioning decisions consider the wider implications of care rather than focusing on medical intervention. It will also give a powerful message to all nurses that their views are valued. This message will provide the momentum for change that will be critical to deliver the vision of the white paper.

Maggie Ioannou is director of nursing, quality and safety, NHS Surrey

Support the Nursing Times campaign to ensure each GP consortium has a nurse on the board by signing the petition at www.nursingtimes.net/seatontheboard

Most military casualties are cared for by nurses experienced in dealing with their injuries. However, the involvement of UK forces in wars around the world means more and more nurses will come into contact with military casualties.

As our report on page 17 shows, these patients need specialised critical care as many have injuries of a severity beyond most nurses’ experience. Wounds can be open for weeks and need constant management. Injuries also have a huge psychological impact.

Fifty-eight British soldiers suffered an amputation in the first nine months of 2010. Phantom limb pain occurs after most amputations and can be difficult to identify and assess. Our expert outlines its management on page 21.

These two articles provide a fascinating and humbling insight into the care of these patients. They also offer all nurses a wider insight into the care of patients with severe physical or psychological trauma.