



The voice of nursing in the UK

26th May 2011

Professor Steve Field
Chairman, NHS Future Forum
Department of Health
Whitehall
London
SW1A 2NS

Dear Steve,

I am writing to update you on the Royal College of Nursing's current position on the Government's Health and Social Care Bill. With the reforms already taking place on the ground, despite the legislative pause, the RCN understands that halting the Bill now is not an option. We are therefore extremely keen to work with you and your team to ensure that the revised Health and Social Care Bill addresses the serious concerns raised by our members and provides a basis for a more evolutionary change to the legislation before it continues its passage through Parliament.

As you will be aware, since the publication of the NHS White Paper and subsequent Health and Social Care Bill, the RCN has been in constant dialogue with the Government to highlight our key concerns. For example, we invited the Secretary of State for Health, Rt Hon Andrew Lansley MP, to meet with nurse leaders at our headquarters in March 2011 to discuss their views about the proposed reforms. We have met with Government representatives on numerous occasions to discuss the proposals in detail and I have also given evidence to three House of Commons Select Committees on the issue.

In addition, at the recent RCN Congress 2011, 60 of our members participated in one of the first listening exercises following the announcement of the pause in legislation. The RCN ensured that the participants were selected from across the country and were representative of the nursing workforce. Our members welcomed the opportunity to put their concerns to the Secretary of State for Health in person and expressed their hope that these will be acted upon once the Bill returns to Parliament. Attached as Appendix A is an overview of the sentiments expressed by members at this session.

We have since participated in further listening sessions, most recently hosting one at our Headquarters in London, which we believe was extremely productive. You will also be aware that I participated in a listening event with the Prime Minister at Downing Street on 20th May.

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Where the Government has acted upon the concerns of RCN members since the publication of the Bill, we have been quick to recognise this and welcome the announcements. For example, we welcomed the removal of references to the maximum tariff and the news that the Chief Nursing Officer will sit on the new NHS Commissioning Board.

However, we hope that the Government's "pause" in the legislation will be used to reflect in greater detail the many other concerns nurses and other health professionals have raised about the reforms. The RCN and other organisations have been raising these concerns for almost a year now, and need to know that they are being heard.

The RCN believes the Bill requires changes in order to make the Government's vision for the NHS acceptable to our members. The RCN sought 18 assurances in its response to the NHS White Paper, of which only partial progress has been made against three. We are therefore calling for the 'pause' to deliver decisive action through significant amendments to the Bill that address these remaining concerns rather than minor and superficial changes.

The RCN also believes that the 'pause' should be utilised to ensure that these reforms are better linked into the Government's proposals, set out in the various other consultations published after the initial NHS White Paper. For example, the consultations on the Public Health White Paper and 'Developing the Healthcare Workforce' have run on a different timetable despite being intrinsically linked to the NHS reforms. In addition, the 'pause' also offers the scope to better link into potential changes to social care, as the report from the Commission on the Funding for Care and Support is due this summer.

The RCN would like to see the NHS Future Forum recommend to the Government the following amendments to the Bill:

- The RCN is concerned that by focusing so strongly on price competition within the Bill, quality of care will become of secondary consequence. Questions remain about the ability of Monitor to expand its functions to promote competition at the same time as protecting services and ensuring quality of care. The RCN recommends that the role of Monitor be amended to ensure that the duties for promoting and regulating competition do not hinder it from the most important function of regulating a comprehensive national health service, which delivers integrated, collaborative and high quality care.
- The RCN would also like to see the Bill make provisions for a 'counterbalancing' role for Monitor and other oversight organisations within the NHS as part of a robust system of checks and balances. This should seek to ensure co-operation across care pathways as well as ensuring that high quality patient outcomes are rewarded. We believe that competition should not pose a block to delivering good quality patient care.
- The RCN understands that the Government wishes to see multidisciplinary teams working at all levels of the commissioning process. However, the current legislation is not strong enough for this to become a reality. We were pleased by the Secretary of State's willingness to accept the need for nursing representation on the NHS Commissioning Board, but feel that this principle needs to be enshrined in the legislation. Significantly, we are also calling for the legislation to be amended to

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ensure that there is a nurse on the board of every GP Consortia. It is imperative that the expertise of nurses experienced in commissioning is utilised at all levels of the commissioning process.

- The RCN recommends that the Government rename “GP Consortia” as ‘Clinical Commissioning Consortia’ to better reflect their ambition for multi-disciplinary commissioning. The RCN would also like to see effective mechanisms put in place throughout all the new structures for patient and public involvement.
- Overall, the RCN remains uneasy with the proposed arrangements for accountability within the Bill. It is vital that clearer lines of responsibility are mandated between the various actors and agencies created by the reforms. These agencies include GP Consortia and Health and Wellbeing Boards, who need to be accountable to their local populations. We believe that the Government should seek to put in place clear mechanisms by which the taxpayer can hold Ministers, as well as those responsible for commissioning, delivering and overseeing care, accountable for NHS funded services.
- The RCN recommends that the Bill should also make it clear that the Secretary of State has a duty to provide or secure provision of a comprehensive health service rather than delegating this power to other commissioning bodies.
- The RCN recommends that the Government must set out a clear plan for the infrastructure of the new system, to ensure that the new structures are hardwired to work together. This will help to prevent any fragmentation of healthcare services across England and the loss of strategic oversight. The system must be developed to work for and across the whole of the country providing guaranteed standards of sustainable, safe, high-quality and efficient healthcare for all patients. The RCN is concerned that with a move to a more locally centred, less collaborative, commissioning system, a more fragmented approach to the commissioning of services may appear. This will in turn increase the potential for a ‘postcode lottery’ in service delivery.
- The RCN has concerns about the lack of detail in the Bill or other draft legislation about the education and training of nurses. The RCN believes that the proposed Health Education England could be a mechanism for truly developing inter-disciplinary education. However, the membership of this group needs to be representative. The RCN is concerned that as currently conceived it is likely to be dominated by the medical deaneries. The Professional Advisory Bodies for nursing and midwifery and the professions allied to health must be strengthened to ensure the voice of the specialists and small professions is heard. We also recommend that the voice of Band 1–4 colleagues needs to be appropriately represented on this group.
- An NHS Commissioning Board to provide oversight of funding plans for training, working in tandem with the new proposed Centre for Workforce Intelligence, is welcomed. However, the RCN has concerns about GP consortia and the local skills networks overseeing training at a local level. There is a lack of detail behind the vision for this area. We see the potential for local skills networks to deliver a more comprehensive review of local requirements for healthcare education. However, we are concerned that this objective may not be achieved universally. We recommend

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that the Government provides further detail about the composition of the local skills networks and how they will work.

- The RCN accepts that there is a legitimate role for employers in workforce education and training. However, we believe it is essential that there is national oversight of nursing education and the commissioning of nursing education to protect national standards and ensure that the future workforce is fit for purpose. The RCN recommends that there is a need for a comprehensive workforce planning system and strategy, which covers all providers delivering NHS funded services. If workforce planning is delegated solely to local organisations (who do not have experience of undertaking this role) there is a risk that, in the future, there will not be a nursing workforce able to meet the needs of the population.
- The RCN has concerns about employers being solely responsible for decisions on ongoing workforce education and training. Experience has shown that when there is pressure on finances, training is the first budget to be cut. The RCN recommends that employers should be including non-mandatory training in their training and workforce plans, and that training become a protected element in financial plans.
- The RCN would also like to see Continued Professional Development safeguarded to ensure that nursing staff continue to update their skills and are equipped to tackle the challenges of the future. These challenges include developing better ways to deliver care for older people and those with long term conditions. Without adequate investment in all parts of the nursing workforce, healthcare organisations will continue to struggle with staff shortages, poor skill mix, bed pressures, preventable morbidity and mortality, and poor provision of community health services.

The RCN believes that the current lack of detail regarding the governance and accountability of the new structures; national oversight of education and training; and checks and balances with regard to competition, could lead to significant risks to patient care. For this reason, we are keen to continue to engage with you to ensure that the revised Bill offers greater assurances to both patients and RCN members.

I do hope that you will find our comments useful, as we are keen to work with the Government to ensure that these reforms stand the NHS in good stead for the future. Our members have asked us to keep them updated with our response to the Future Forum's work and in accordance with their wishes, we shall be publishing this letter on our website.

If you require any further information on any of the issues I have raised, please feel free to contact myself or Sarah Lane, Parliamentary Officer via sarah.lane@rcn.org.uk or via 020 7647 3840.

Yours sincerely,



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Chief Executive & General Secretary

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Appendix: Overview of Comments Made by Members at the Listening Exercise with the Secretary of State for Health on 13th April 2011, RCN Congress, Liverpool.

Competition

The RCN has raised a number of concerns about competition since the publication of the White Paper. As an organisation, the RCN has many members who work in the independent sector. We recognise that the independent sector, which encompasses a wide range of providers from not-for-profit organisations right across to commercial organisations, has always had some part in providing NHS services.

However, at the listening event, RCN members said that a purely market based approach would undermine the NHS, exacerbate the postcode lottery and could be more expensive. They also believe that competition must not prevent organisations collaborating and working in partnership. It should also not negatively impact on the quality of care delivered to patients.

Members stated that there is the need for clear analysis of how long term conditions in particular are going to be managed in a market economy. They expressed concern that private companies may end up “cherry picking” services based on achieving maximum profits. Participants were also worried that increased competition could lead to small organisations being squeezed out of the system and that services, such as offender health, will be cut. Members would like the Bill to reflect that quality of care must, at the very least, be as important as financial considerations.

GP Consortia (as currently named)

RCN members believe that if Consortia are to succeed, they will need very high calibre Chief Executives, who are able to manage substantial budgets and to deliver on important responsibilities for safeguarding and corporate and clinical governance. The group were unclear how GPs would be held accountable under the reforms and how patients will be protected from failing or poor Consortia. They were also concerned that there are potential conflicts of interest for GPs who act as commissioners and providers of services. They would like to see further information on this from the Government.

There was a strong consensus in the room that nurses should be represented on the boards of all Consortia and that this should be mandated by the Government in legislation. The participants felt that the current legislation is not strong enough to realise the Government’s ambition for multi-professional commissioning. One group of nursing staff cited Norfolk as an example where ten GPs are being elected to each shadow board, but only one of the five consortia in the area has made provision for a nurse to be on the board.

Members felt that Acute Trusts, particularly Foundation Trusts, are good at involving patients and the public in decision making, however GPs are much less experienced at doing so. They also believe that there are a number of areas where GPs would particularly benefit from mandated involvement of other clinicians. For example, they questioned whether GPs would have the expertise to commission mental health and A&E services effectively.

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Nurse Education

Students, newly qualified nurses and nurses in higher education are feeling the impact of multiple reforms and changes in higher education as well as in healthcare, which is making it very difficult to secure good quality placements and assure recruitment and retention. Nurses are a national workforce and members believe that education commissioning must take account of this. There must be an overarching framework that ensures that there is not a shortfall in the number of student nursing places commissioned. Members felt that breaking it down to a local level would be a serious concern. RCN members were also worried about the future of NHS Bursaries and would like further clarification from the Government on the future of the scheme.

Concerns were raised by participants regarding Continuing Professional Development, as many felt that not all GPs allow practice nurses to take time off to undertake these courses.

Workforce Planning

Participants stated that nurse staffing levels are intimately related to patient safety and quality, and should not be cut or changed without proper planning. Members felt that Trust Boards must pay much greater attention to the size and shape of their nursing workforce. Members also reported that skill mix reviews, which are taking place to meet the QIPP challenge, are leaving community services with inappropriate levels of adequate skilled workers.

Efficiency Savings

The RCN appreciates that the Health and Social Care Bill is separate from the current drive to find efficiencies within the NHS. However, RCN members expressed concern that budget cuts are impacting not only on their ability to deliver good patient care, but also on NHS staff's ability to deliver the reforms. Members felt that speed of the reforms compounded with the need to find efficiency savings are putting staff under significant pressure and impacting upon morale.

RCN members were keen to stress that nurses do not deny that there is a deficit to be addressed, however they believe that some of the current cuts to NHS posts and services taking place are short-sighted. For example, one nurse stated that in her Trust, administrative staff at Band 2 were not being replaced, which means that Band 7 nurses were covering reception. This takes qualified nursing staff away from patient care and is more expensive per capita.

RCN members stated that they also wish to see greater transparency around the efficiency savings. They believe that all efficiency savings must be reinvested in patient care and frontline services, and that reinvestment must be publicly visible. RCN members stated that the QIPP process will be undermined if there is no evidence provided of where this money is going to be reinvested, when it is going to happen, and who decides where it goes.

The RCN's *Frontline First* campaign has encouraged members to report where cuts are taking place across the country. However, it has also received a number of examples of where significant savings can be made through eliminating waste in the NHS and supporting nurse-led innovation. Nursing staff at the session felt that they need to be able to access resources and funding to improve services, which could in turn reduce waste and increase efficiency.

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Members expressed concerns about a number of specific services, such as neo-natal services, which are facing cuts. However, there was a general consensus amongst all participants that specialist nurses are a particular group, which should be protected. The RCN has long argued that specialist nurses are good for patients, and also save the NHS money by preventing readmissions and allowing patients to be treated at home. RCN members stated that there is plenty of evidence to support the work of specialist nurses in terms of delivering better outcomes. They recommended that the Government invest more into specialist nursing teams, as well as maintaining the current level of specialist posts.

The “Pause”

RCN members were very concerned that despite the pause in the parliamentary timetable, restructuring is forging ahead regardless across the country, and without a parliamentary mandate. They believe that an evidence based approach to reform, which includes piloting and phasing, is essential. They would also like to see this coupled with a substantial risk assessment of the social and economic impact of the reforms, in particular to look at the potential impact on health inequalities.

Participants said that current pathfinder programmes vary widely in size and are not undergoing parliamentary scrutiny. In addition, they are concerned that there will be no formal evaluation of the consequences of GP Consortia not matching up to Local Authority boundaries. Members would therefore like assurances that the GP Consortia pathfinders will undergo stringent evaluation to ensure best practice is shared across the country.

RCN members were concerned that senior nurses who currently work as commissioners are continuing to lose their jobs during the pause as a result of the management savings being made. The members considered this a significant loss of expertise out of the system. They also questioned whether some of these individuals will be given redundancy packages, only to find themselves being re-employed by the NHS at a later date in the new structures. For this reason, members felt that there is a need to avoid the demonisation of managers as a whole, as some of these roles also include nurses who are providing valuable clinical expertise.

Patient Involvement

A recurrent theme across all the tables was concern that the reforms do not deliver a consistent message around patient and public engagement. For example, members were concerned that there is no requirement for the GP Consortia or HealthWatch England to have a public representative on their boards.

RCN members also felt that although these reforms aim to deliver increased patient choice, in reality it will only be those patients who are able to travel who will actually get this. RCN members want further details on how the Government will ensure that people on the edge of society will be included. Often these people need advocates, such as nurses, but members reported that funding is being cut for these services. Participants also felt that the language used to explain the reforms has not been accessible to patients and the public.

Terms and Conditions

Members expressed their concern that there is a serious risk that staff goodwill will be lost as a consequence of detrimental changes to pay, pensions, and terms and conditions. They stated that

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national pay terms and conditions are being threatened, especially with the move towards Foundation Trusts.

Public Health

RCN members stated that a significant part of the Public Health agenda is about population health needs analysis, which is different to individual needs analysis. Participants felt that GPs are good at understanding the latter but do not always have the expertise to do the former.

Reforms (General)

Participants stated that these reforms have potential ramifications for all four UK countries and the Government can and should learn from recent reforms in the other countries. For example, lessons can be learned from the recent health reorganisation in Northern Ireland, where money was not reinvested following reorganisation, despite this being sold as a key driver for reform. Members from Wales gave a further example of cross-border issues, in that there are a number of patients living in Wales who use GPs in England and vice versa.

RCN members are also concerned about dismantling of the National Patient Safety Agency and any reduction in the powers of NICE, as this may lead to a significant increase in the cost of the drugs bill to the NHS.

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