Royal College of Nursing Scotland

PROTECTING SCOTLAND'S NHS DEBATE, THURSDAY 10 NOVEMBER 2011

Introduction

The RCN acknowledges that health is in a relatively strong position in the proposed 2012-13 budget, compared to the cuts faced by other parts of the public sector. However, there is no doubt that NHS funds are still under immense pressure in absolute terms. The costs of delivering health care are outstripping any available increase in budget.

Scottish NHS boards are facing increased demand from an ageing population with more complex health needs, heightened public expectations of services, the high cost of new technologies and drugs, as well as other financial pressures such as steep energy price rises.

Whilst the Scottish Government has apparently now confirmed there will be no set efficiency target for NHS boards to meet in addition to these other pressures, the exact nature of what savings will be expected of them from 2012-13 is still not entirely clear.

Health boards are in the unenviable position of having to spread resources ever more thinly just to stand still.

RCN Scotland appreciates that health boards will need to find ways to save money by delivering services differently, but this must be done without sacrificing standards in care. That cannot be achieved by simply continuing to cut nursing staff as a means to balance the books.

The Scottish Government must now support health boards by leading an informed and transparent debate on our NHS and clearly setting out realistic priorities for healthcare spending. Only then can local services and budgets be reconfigured appropriately to reflect these priorities for the long term and ensure a safe and high quality health service that is fit for the future.

Health boards budgets

At a headline level, it appears that Scotland's health boards will benefit from a 2.5% cash-terms increase in their combined budget in 2012-13 (although this masks variation in uplifts. For example, four special health boards will receive less money in cash terms next year than this year).

However, not all of this uplift will be available for frontline boards to deal with health cost pressures or fund new services. For example, £76.2m of waiting times funding has been transferred from non-recurring funding in 2011-12 to health boards' core recurring funding allocations in 2012-13. Removing the impact of this money – which is not new funding – on health boards means their combined cash uplift in 2012-13 is 1.6%.

In addition, 2012-13 is the first full year that boards will be responsible for delivering prison healthcare. The cost of this provision is estimated at £20m per annum, and it does not appear that money is being transferred from the justice budget to the health budget to pay for this. So if the financial impact of this additional responsibility is stripped out, the actual cash uplift to health boards next year is 1.4%.

These are just two examples. Health boards are being expected to do ever more with uplifts below the rate of general inflation. Though the NHS settlement is as good as we could have expected in the current climate, the pressures on the health service remain.

Workforce cuts

With staffing being the highest individual revenue cost to health boards, and nursing staff (including registered nurses and healthcare assistants) accounting for 42% of the workforce, the nursing workforce has become a prime focus of both planned and unplanned savings. The latest ISD workforce figures show that half of all nursing posts forecast to be lost in this financial year were lost within the first quarter of 2011-12 alone. With the number of nursing staff in post being at its lowest since 2006, this acceleration to the loss of nursing posts may be indicative of the financial pressures boards are dealing with on the ground.

The cross party consensus for investing in preventative spending that has emerged could be undermined by decisions being taken now that mean we might not have the right number of appropriately skilled nurses in the right places to deliver such services in the future.

For example, a decision to close a hospital ward may be sound in the context of shifting more care to community settings. However, if the nursing posts from that ward are simply cut, rather than transferred to the community, the capacity to deliver increased preventative interventions is lost too.

Added to this are growing concerns about the morale of the nursing, with a picture of a workforce under extreme pressure emerging. In the *RCN Employment and Morale Survey 2011:*

- Less than a third of respondents (30%) felt that nursing will continue to offer them a secure job in the future, compared to 82% two years ago;
- Only 38% would recommend nursing as a career, compared to 54% in 2009;
- Three quarters (74%) reported increased stress at work;
- Almost two thirds (66%) were more worried about job cuts and the threat of redundancy than they were a year ago; *and*
- Over two thirds (69%) said concerns about their financial situation have increased in the last year.

National leadership

It is at times such as this, when resources simply are not keeping up with demand and cost pressures, that the NHS requires national leadership and a clear vision to ensure that high quality patient care can continue to be provided to more and more people with increasingly complex needs. Realistic priorities for the NHS must be debated and set honestly and openly with the people of Scotland.

Although we may disagree with some of the individual local decisions being taken, we believe that many health boards are doing their best to meet difficult challenges. However, it is simply not sustainable for the current situation to continue and we urge the Scottish Government to step in and make some difficult decisions about the future provision of health services and to be clear to health boards, NHS staff, patients and the public about how high quality services can continue to be provided.

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