Royal College of Nursing response to NHS England consultation on Developing the Long Term Plan for the NHS

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Developing the long term plan for the NHS

Overarching questions

1 What are the core values that should underpin a long term plan for the NHS?

The NHS offer, and the workforce required to deliver it, should be developed based on robust data reflecting the health needs of the population now and in the future, and workforce modelling. Both must take into account the wider health and care system, across the UK, and must be primarily led by an intention to improve quality and outcomes, with efficiencies a benefit from innovation and transformation rather than a driver.

The plan and its implementation should be co-produced, beyond initial consultation methods, with patient groups, clinical (not only medical) professional groups and health and care system players responsible for provision and commissioning. A life span approach to health and to care pathways should be taken, and equity given to primary, secondary and tertiary care.

The approach should be strategic, finding system level levers and mechanisms within the system with potential to offer solutions e.g. financial levers to improve workforce planning. However, the strategic plan must also include clarity on transparent and quality assured implementation methods and support, including via STPs.

2 What examples of good services or ways of working that are taking place locally should be spread across the country?

We are seeing how nurse-led models are changing how patient care is being delivered. For example, the Cuckoo Lane Surgery in Ealing, West London, is a nurse-led practice, rated “outstanding” by the Care Quality Commission and praised for its commitment to “initiating service improvement”.

We believe nurse-led models are untapped potential and investing in such models will help support your vision of moving care away from acute setting and into the community. However, a firm commitment to increase continuing professional development (CPD) funding for nursing staff is needed if we want to equip the

current as well as the future generations of nursing staff with the skills and knowledge required to deliver truly transformative services.

This includes enabling nurses to achieve RCN standard for advanced level nursing practice (ANP). This is at a time when CPD funding for nursing has been cut by from £104.3m to £83.49m in 2017-18, after it was almost halved from £205m the year before.

3 What do you think are the barriers to improving care and health outcomes for NHS patients?

We are facing a significant crisis in the UK both to retain and ensure the future supply of the future nursing workforce, exacerbated by the impact of Brexit. There are serious concerns about the impact the shortage is already having on patient safety.

Nurses can play a significant role in improving outcomes patients, both in the NHS and more widely, and delivering better integrated services. Current barriers to UK workforce supply can and must be addressed urgently by the NHS (with support from wider Government). Application rates from mature student previously relied upon for mental health and learning disability fields have dropped significantly since the bursary (with living costs grant) were abolished. Financial support for this group is essential now to address the otherwise unavoidable workforce crisis in these fields of care.

The apprenticeship model for nursing is currently unviable for employers due to the lack of funding to cover backfill when apprentices are in learning time. They are simply unable to draw down on the levy, which is bearing out in the very small numbers of apprentices in healthcare. This specific barrier should be prioritised and addressed through the long term plan.

Life stage - Early life

1 What must the NHS do to meet its ambition to reduce still-births and infant mortality?

Many of factors relate to the social determinants of health such as poverty, maternal education and issues such as housing. Factors such as the age of pregnant mothers, smoking in pregnancy and the rate and duration of breastfeeding all impact on the health and wellbeing of infants during the first few weeks, months and years of life.

The RCN has called for investment in school nursing teams so as to be able to provide high level and quality PSHE education to young people which would include the promotion of healthy life choices and the impact of behaviours such as smoking not only on their own health but that of future children they may have. There are good examples of pre-conception clinics and advice run by midwives and other specialist nurses, again ensuring that the mother is in optimum health before conception. The reduction in health visitors is also undoubtedly having an impact on the support available to mothers to continue to breastfeed.

There is a need for a fully funded and coordinated National level Children and Young People's health strategy. There also needs to be at both national, regional and local level improved joint working across health, education and social care sectors.

2 How can we improve how we tackle conditions that affect children and young people?

Although public health funding is ring-fenced, we know that funding for children's services has been cut. We are concerned that the separation of commissioning Health Visiting and School Nursing Services from other health commissioning is leading to gaps in vital service coverage for infants, young children and their families. This means that children and families are falling through the gaps, and may present in a more acutely unwell state to other services; a situation which could be avoided if these services were planned and commissioned alongside each other.

Numbers of health visitors and school nurses are in decline, meaning children may not have access to this support when they need it. Health visitors are at the forefront of providing care to infants, young children and their families. These clinicians act as knowledge brokers, working at the interface between families and core health, social care and education services to assess, support and signpost to appropriate services.

3 How should the NHS and other bodies build on existing measures to tackle the rising issues of childhood obesity and young people's mental health?

The impact of childhood obesity on the future health and wellbeing of the population is well evidenced, with notable increased cardiovascular and cancer risks. The Government has recently made various announcements as part of the Childhood Obesity plan. The RCN has called for investment into school nursing services to enable school nurses to be proactive in providing support to children, young people and their families so as to maintain healthy weight. In some parts of the country school nurses have been commissioned to participate in programmes such as MEND but the provision is not available universally to provide the support, advice and information required.

The RCN welcomes the inclusion of a workstream on healthy childhood and maternal health in the plan, as well as an emphasis on mental health. There is a need for children and young people's mental health to be joined up and addressed within the healthy childhood workstream in recognition of the importance of good mental health on an individual's overall health and wellbeing. In some areas School Nurses provide confidential drop in sessions for children and young people to access support, advice and information, with schemes such as CHATHealth enabling young people to communicate directly with school nurses via confidential text messaging.

4 How can we ensure children living with complex needs aren't disadvantaged or excluded?

Improving collaborative and joint working across health, education and social care sectors is particularly important for those children and young people with complex needs. Transition from children's to adult services is a key issue for these children. In some areas 0-25 year services are being explored as a means to ensure greater integration between different services, with specialist nurses appointed to co-ordinate care and transition to adult services. Many teams at local level have developed health passports so as to improve coordination of care for children with disabilities, long term conditions and complex health care needs. The impact of specialist nurses in children's diabetes for example along with consistent structured education is evident by improved diabetic control for children and young people with diabetes.

Life stage - Staying healthy

1 What is the top prevention activity that should be prioritised for further support over the next five and ten years?

The RCN is particularly focusing on prevention in children and young people, with work to support the health visiting and school nursing workforce. We are also working to promote and support better sexual and reproductive health given concerns regarding trends showing an increasing rate of sexually transmitted Infections, as well as termination rates increasing in older women.

There is however, a need to embed prevention more broadly. The economic case for prevention and incorporating upstream approaches into everyday practice is clear, with one review showing that every £1 spend on Public Health resulted in savings of £14. However there is a challenge in ensuring prevention is integrated as part of everyday care pathways, rather than seen as an addition. There needs to be investment to support this happening in practice.

3 What should be the top priority for addressing inequalities in health over the next five and ten years?

There needs to be a focus on particular hard to reach populations and groups, who do not seek out care. Key to this the need to identify the barriers and understand why certain groups find it difficult or refuse care.

Cardio Vascular Disease (CVD) particularly is a major public health issue. It is really important to improve awareness of the risks and improve the public's understanding of, knowing what their own Blood pressure, pulse and cholesterol levels are so they can make changes to reduce their risks. There needs to be a greater focus on the prevention end of the pathway as well as on treatment. The RCN has developed a resource within the public health clinical topic to support improving awareness https://www.rcn.org.uk/clinical-topics/public-health/cardiovascular-disease-prevention

4 Are there examples of innovative/excellent practice that you think could be scaled up nationally to improve outcomes, experience or mortality?

We have a series of care studies for public health nursing https://www.rcn.org.uk/clinical-topics/public-health/the-role-of-nursing-staff-in-public-health where nurses demonstrate how they can improve opportunities for people and or support them in being healthier. For example; Staff Nurse, Ann Thomas, nurse has worked with the community to support people take better care of their health https://www.rcn.org.uk/clinical-topics/public-health/the-role-of-nursing-staff-in-public-health/self-care-in-the-community The school nursing team in Warwickshire have worked to support children be ready for school and thereby improve their opportunities in life https://www.rcn.org.uk/clinical-topics/public-health/the-role-of-nursing-staff-in-public-health/school-readiness

5 How can personalised approaches such as paying attention to patient activation, health literacy and offering a personal health budget reduce health inequalities?

There needs to be a greater focus on self-care and supporting people to take greater ownership of their health and wellbeing. This means supporting people to look after themselves and make healthier life style choices but also in improving people's motivation alongside their understanding and 'Health Literacy'. Promoting self-care but also supporting people to self-care is crucial. It is also essential for staff to have the skills the RCN have developed guidance to support staff with motivational interviewing techniques; https://www.rcn.org.uk/clinical-topics/supporting-behaviour-change. It is essential that this is done in collaboration with communities and individuals.

Life stage - Ageing well

1 What more could be done to encourage and enable patients with long-term health issues to play a fuller role in managing their health?

Clinical Education delivered by specialist nurses/community matrons to individuals and their families helps to support self-management. Sadly we have seen a reduction in specialist nurse roles and funding needs to be available to ensure organisation can employ nurses in specialist role
Treatment for Long term conditions usually requires regular medication which can be difficult manage. Nurse prescribing is shown to be safe and person centred aiding concordance. Increased support for nurse independent prescribing places and mentorship is needed to realise the potential of this role

2 How can we build proactive, multi-disciplinary teams to support people with complex needs to keep well and to prevent progression from moderate to severe frailty for older people?

National strategy and incentives for identifying frailty is helpful however clinicians need to understand what interventions are required post identification and have opportunity to work with people living with frailty to develop appropriate care planning. The RCN has produced frailty e-learning for nurses.
https://rcni.com/features/frailty-resource-collection-84906

Reduction in variation of access to designated MDT frailty services (which can be nurse led) would be helpful the RCN is part of the Acute frailty network steering group which provides best practice.

3 What would good crisis care that helps prevent unnecessary hospital admissions for older people living with various degrees of frailty look like?

Care should be delivered in line with a person's co created individualised plan, identifying ceilings of treatment, levels of frailty and personal preferences. The RCN devised a suite of resources to support effect care planning. However better communication (IT) of care plans is required to prevent services, particularly ambulance & ED not having access to agreed plans. The marshalling of resources to support the care homes sector where many residents have severe frailty and NHS care is frequently delivered is required. Including greater recognition of when frailty requires end of life care. The RCN has a comprehensive resource in support of the care home sector https://www.rcn.org.uk/clinical-topics/older-people/professional-resources/care-home-journey

4 What would be the right measures to put in place to know that we are improving patient outcomes for older people with various degrees of frailty?

Both patient reported outcome measures and patient reported experience measures are underused in relation to frailty. The National Audit of Intermediate Care provides good example of the use of PREMs https://www.nhsbenchmarking.nhs.uk/news/2017-national-audit-of-intermediate-care-conference-review

5 How can we ensure that people, along with their carers are offered the opportunity to have conversations about their priorities and wishes about their care as they approach the end of their lives?

National public awareness promoting end of life conversations, time of staff to have sensitive conversations with adequate clinical supervision.

6 What are the main challenges to improving post-diagnostic support for people living with dementia and their carers, and what do you think the NHS can do to overcome them?

The variation of service provision and difficulties access is the main challenge for people living with dementia and their families. Roles such as Admiral nurses go a long way to overcome these issues https://www.dementiauk.org/get-support/admiral-nursing/

7 What is your top priority to enhance post-diagnostic support for people living with dementia and their carers?

Reduction in variation. Particularly for people living with dementia who have not been involved in memory services. Clear standard setting would provide a starting place.

Clinical priorities: Cardiovascular and Respiratory

1 What actions could be taken to further reduce the incidence of cardiovascular and respiratory disease?

As in all areas of care there is variation across the country. Many nurses, particularly in primary care but also specialist nurses, are working with people to support them to understand their disease better. Often it is not just one disease but multiple morbidity and therefore and range of support is needed.

Supported self-management and education linked to a personal care plan are key to improved quality of life for people. Using technology to monitor respiratory disease and heart failure such as daily weight, Blood pressure and oxygen levels that are connected to their GP practice of to a nurse can help maintain stability and pick up deterioration early.

Linking to the patient organisations and peer groups of people with lived experience provides additional support out with the statutory services. Access to responsive advice when there is a crisis is essential in supporting people to look after themselves so that they know if they need help it is accessible.

2 What actions should the NHS take as a priority over the next five to ten years to improve outcomes for those with cardiovascular or respiratory disease?

We need to provide nurses with the tools to support prevention of disease as well as help maintain a good quality of life in those who living with CVD etc. This involves better education in the co-production/self-management approach. Using health coaching and behaviour change methods to improve outcomes for people.

There needs to be better understanding of, and support to access to personal health budgets and other funding streams. We must ensure that people are enabled to understand what they can do to live better with their illness, as well as planning for the end of their lives, which in the case of some CVD and respiratory disease can be disabling, prolonged and distressing for the person and their families. Good mental health support is also essential as people with these conditions can be anxious and depressed and socially isolated.

For current smokers, smoking cessation is the most important element of a person's treatment plan and there should be equitable access to evidence based services.

Clinical priorities - Mental Health

1 What should be the top priority for meeting peoples mental health needs? Over the next five, and ten years?

Young people and adolescence; Promoting mental health and well-being; Psychosis and those with Long term conditions; Dual diagnosis and complex conditions; Suicide Prevention; Behaviour and lifestyle change; Parity of esteem

2 What gaps in service provision currently exist, and how do you think we can fill them?

There is inequality in service provision, with dysfunctional system that is not delivering the quality of treatment people need for recovery. Mental health services are overrun the system is too complex for patients, families and staff to navigate. IT systems should be compatible between acute and mental health care.

Drug and Alcohol services are increasingly being lost leaving NHS services without expertise and a clear pathway to access rehabilitation services. Supportive rehab hostels and community backed recovery programmes are closing down due to cuts in funding leaving fewer rehabilitation options.

Mental Health Nursing should be supported to work beyond traditional roles and, beyond psychological therapies for common mental health problems, to facilitate other modalities of treatment, including psychosocial intervention offered across primary care settings, mental health and wellbeing tuition and support in schools; family inclusion; and, recovery and structured lifestyle education programmes. BAME and underserved communities continue to be affected by poor access to mental health services and poor outcomes. Little has changed regarding race equality since the report of the Schizophrenia Commission 5 years ago. Mental health promotion within Black and Minority Ethnic communities could be addressed by using MHN profession's diversity and inclusion expertise.

3 People with physical health problems do not always have their mental health needs addressed; and people with mental health problems do not always have their physical health needs met. How do you think we can improve this?

In spring 2018 the RCN surveyed mental health professionals to establish their views on the current progress in clinical settings of achieving mental health equality. Based on the findings of this report, the RCN has identified three key areas of focus:

- Pushing for increased funding into mental health services on par with physical health services.
- Improved training – consistency, competency and curriculum support.
- Identify areas where access and innovation around physical health has made a difference.

4 What are the major challenges to improving support for people with mental health problems, and what do you think the NHS and other public bodies can do to overcome them?

- Caseload sizes important factor in care delivery MHN carry the largest care burden and are the least supported, in terms of CPD and supervision provision so care delivery suffers.
- Link between funds, caseload size and fidelity to NICE Guidance needs to be consistently used to illustrate parity of esteem concerns with STP.
- Integrate the health systems offered for people with multiple risk factors.

5 How can we better personalise mental health services, involving people in decisions about their care and providing more choice and control over their support?

There is considerable evidence to suggest that Mental Health Nurses are leaders in user involvement, peer support evaluation and inclusion methodologies. For examples see MHN led NIHR Programme NIHR studies, EQUIP, Safe Wards and peer support in psychiatric patients discharged from hospital.

The forum endorses the ground-breaking recommendations to support a truly different approach and strategic framework for 21st Century mental health outlined in the recently published Investing in a Resilient Generation Policy. https://www.birmingham.ac.uk/Documents/research/policycommission/Investing-in-a-Resilient-Generation-Executive-Summary-and-Call-to-Action.pdf

Clinical priorities - Learning disability and Autism

1 What more can the NHS do, working with its local partners, to ensure that people with a learning disability, autism or both are supported to live happy, healthy and independent lives in their communities?

There has been a dramatic loss of learning disabilities nurses in the NHS in England, down from 5,368 to 3,192 since May 2010. As part of wider workforce planning it is vital that mandatory data is collected both from the NHS and wider system partners across the health and social care system to understand the population need for people with learning disabilities.

In addition to tackling retention of the learning disability nursing workforce, there must be a concerted effort on ensuring future supply. Since the removal of the bursary there has been a significant reduction in number of the students, including mature students, accepted on to nursing degrees in England. There are concerns that universities are determining that courses on learning disability are no longer financially viable, with research showing 46 per cent of institutions had discussed discontinuing their Learning Disability Nursing programmes this September. There's also been a recent move by HEE with regards to the new Nursing Associate role to incentivise training providers where a substantial amount of the time is spent on learning disability. Whilst it is a valuable addition to the wider skills mix NAs cannot not be deployed in place of registered nurses.

Enabling improvement - Workforce

1 What is the size and shape of the workforce that we need over the next ten years to help deliver the improvements in services we would like to see?

A methodology to determine and respond to population-based demand and need for the nursing workforce, in the context of the evidence base, must be central to a credible strategy. This includes the need for mandatory data collection across all sectors of the existing health and care workforce, irrespective of the service provider.

Increasing numbers of nurses do not work in the NHS. A population needs assessment should be taken, with the view of identifying the service provision required across both health and social care, and then an associated workforce strategy devised, taking into account particular challenges in specific areas, including mental health and learning disability, and identify appropriate solutions. It should include the identification and mitigation of any issues or risks, for example making some settings more desirable to work in than others.

This principle is also non-specific in terms of the makeup of those "staff". When we refer to "safe and effective staffing", we mean that health and care services have the right numbers of nurses, with the right skills, in the right place, at the right time. Finally, there must be coordination and harmonising of strategic approaches across the UK, given the cross-border flows of staff and patients.

2 How should we support staff to deliver the changes, and ensure the NHS can attract and retain the staff we need?

We would like to see more flexible working with part time employment that affords the opportunity to facilitate family life. Across organisations coordination and collaboration to ensure portfolio careers are achievable and effective. Portfolio careers provide variety in careers and aid retention and development of staff. They also help provide specialist practice across a range of clinical settings to ensure a safer patient journey.

There should be consideration of how to use financial incentives to help providers in primary and secondary care improve their offer, for example looking at the use of CQUINs and the Quality Outcomes Framework. The finance workstream of the LTP should be linked clearly with the workforce workstream.

Also important is provision of support for practice based learning through investment in appropriate CPD for staff to support career pathways and ensure a safe learning environment for both the learner and patients. To deliver to future health care needs differently it's critically important to invest in and develop digital capability within the workforce, ensuring representation of nurse leaders in leading this.

3 What more could the NHS do to boost staff health and well-being and demonstrate how employers can help create a healthier country?

Understaffing across health and social care has a considerable impact on nurse's ability to deliver safe and effective care, and moral, particularly when unsafe staffing levels are raised but not addressed. This leads to nurses feeling undervalued and unable to remain within the profession, with at least a quarter who leave the register citing staffing levels as the reason.

It's vital that there's the right 'skill mix', including the proportion of registered nurses to nursing support staff and adequate specialist skills. This has been diluted over recent years, and evidence suggests it's having a negative impact on patient safety and outcomes.

Staff should not be deployed outside the boundaries of their role or competency, and registered nurses shouldn't spend excessive or disproportionate time on non-nursing duties, to enable them to provide safe and effective patient care.

Enabling improvement - Primary Care

3 What other kinds of professionals could play a role in primary care, what services might they be able to deliver which are currently delivered elsewhere, and how might they be supported to do so?

The introduction of Quality Outcomes Framework provided a wealth of opportunities for General Practice Nurses (GPNs). These nurses have taken more strategic roles in providing care for patients with long-term conditions, managing delivery of health improvement programmes, and many QOF indicators are nursing led. There are also examples of nurse-led general practice services demonstrating 'outstanding' quality, which should be considered for scaling up and investment (e.g. Cuckoo Lane, Ealing).

We know that access to Continuing Professional Development (CPD) for General Practice Nurses varies significantly in terms of quantity and quality. Furthermore, the CPD funding for GPNs is included in wider general practice funding which can lead to an inconsistent offer to GPNs and a fragmented approach to knowledge and skills development for them. CPD, including to enable nurses to meet standards for advanced level nursing practice, is a crucial component for realising innovation in primary care.

We want to see all GPNs having access to quality assured CPD to support career development, which is based on practice population health needs and individual annual appraisal. Research shows that general practices are struggling to demonstrate the beneficial uses of new technologies including alternatives to face-to-face consultations, such as telehealth.

Enabling improvement - Digital innovation and technology

1 How can digital technology help the NHS to a) Improve patient care and experience? b) Enable people and patients to manage their own health and care? c) Improve the efficiency of delivering care?

There are major integration challenges across the spectrum of health care for the effective use of new devices and data-driven approaches within existing health information technology systems. The NHS and social care settings have been plagued with poor IT infrastructure, and frontline practitioners do not have the basic infrastructure to access patient records. At the same time, the use and prevalence of technology is fast advancing, and can now offer benefits to both the delivery of care, and patient interaction with clinicians.

Harnessing technology advancements and modernising digital infrastructure will help ensure that the ambition to integrate services is realised. From Apps to Telemedicine, trials with technology are taking place across lots of varied

healthcare settings across the UK, but so far, it has proven difficult to roll out successful technology pilots.

AI is also very much making its way onto the healthcare agenda, and a resolution on nursing and robotics was passed at our RCN Congress in May 2018. The debate focused on the ways in which robotics can benefit patient care in a moral, caring role rather than a clinical one. For example, encouraging elderly residents to exercise, supporting patients with meal times.

AI is often misunderstood as only one concept, when in reality its methods and application varies and its manifestations will soon be playing a role in many areas of our lives, not just health. It can take the form of a diagnostic or prognosis tool, service-planning tool, support self –care and prescriptions, amongst other activities. It can support diagnostics, and members feel ready to work alongside advances which support them to use their expertise.

The RCN created the “Every Nurse an eNurse” initiative to establish a nursing workforce alert to the possibilities offered by a rapidly changing digital environment and help members build confidence in digital nursing.

We jointly published with HEE, work that described a framework for digital capabilities development, which was endorsed by NHS Digital. Separately we led a UK-wide consultation on the digital future of nursing, in partnership with Chief Nurse at NHS Digital and Clever Together, and funded from the Building a Digital Ready Workforce Programme in England. Overall participants were positive about the digital future and offered a compelling picture of a system that improves patient outcomes, enhances working lives and makes services more efficient. They were also clear on day-to-day frustrations created by: outmoded and/or poorly designed systems, poor internet connectivity and system support. Key enablers are nursing leadership at local and national level; nursing system facilitators and input into system design.

Members’ have a clear vision for a digitally enabled health and social care system that improves patient outcomes, enhances nurses and midwives working lives, and makes services more efficient. Nursing staff are positive about technology supporting care, but they are often frustrated by outmoded or poorly designed systems.

3 How do we encourage people to use digital tools and services? What are the issues and considerations that people may have?

Educating staff to deliver to future health care needs differently is of critical importance. There is a particular need to invest in and develop digital capability within the workforce and ensuring representation of nurse leaders in leading on this agenda. However, there are other challenges for the uptake of digital invitation, for example AI. In particular uptake has been patchy as currently the responsibility for implementation has been on individual health economies, rather than rolled out nationally.

There are also concerns around trust that have been expressed by public and healthcare professionals, particularly over the use of data. Whilst more broadly public confidence in government and global corporations is low. Given that health and social care is a high-risk area there must be consideration regarding ethics. Regulation needs to keep up with the breadth of AI, as systems are man-made so are fallible and can have inherent biases.

Finally there needs to be evidence of benefit and impact on work practices as AI will disrupt work practices and shape the health and social care workforce. Assertions that, following the automation of up to 30% of “nursing activities”, skilled practitioners could focus on non-automatable skills are rarely subjected to close scrutiny.

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